DOCUMENT RESUME

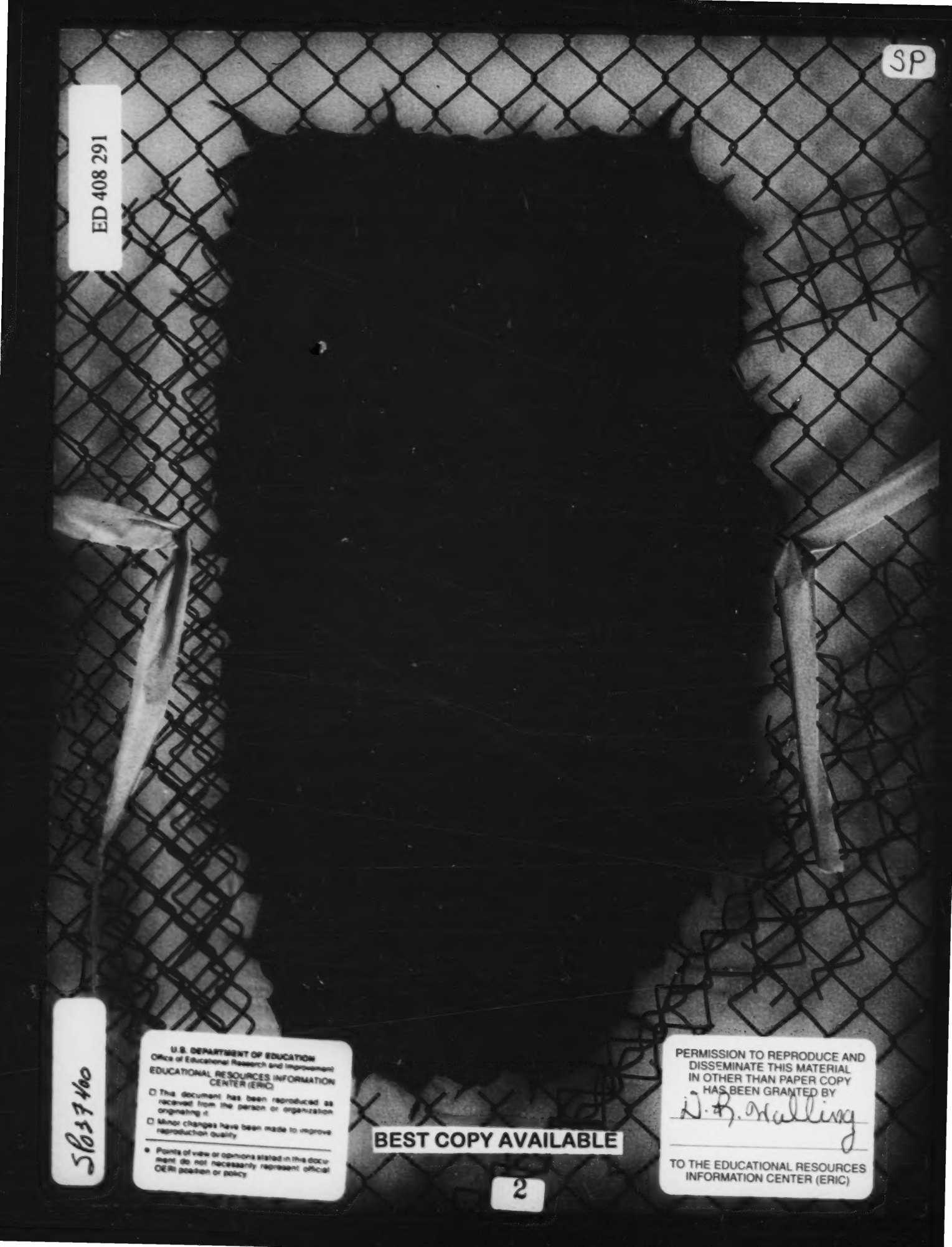
ED 408 291 SP 037 400

AUTHOR	Yarber, William L.
TITLE	Looking into AIDS [Student Book and Instructor's Guide].
INSTITUTION	Phi Delta Kappa, Bloomington, Ind.
PUB DATE	89
NOTE	130p.
AVAILABLE FROM	Phi Delta Kappa, P.O. Box 789, Bloomington, IN 47402-0789.
PUB TYPE	Guides - Classroom - Learner (051) -- Guides - Classroom - Teacher (052)
EDRS PRICE	Document Not Available from EDRS.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Curriculum Development; *Health Education; Instructional Materials; Intermediate Grades; Junior High Schools; *Lesson Plans; Middle Schools; Student Attitudes; Study Guides; Teaching Guides
IDENTIFIERS	*Sexually Transmitted Diseases

ABSTRACT

These materials include both the student book and the instructor's guide for a curriculum designed to provide upper elementary/middle school level students with information about how Human Immunodeficiency Virus (HIV) is transmitted and how HIV infection is prevented. The Student Book covers: reasons for learning about AIDS; pre- and post-study self-evaluations on what students know and believe about AIDS; information on the AIDS problem, HIV infection and AIDS, the transmission of HIV, avoiding HIV, responsible health decisions, and HIV/AIDS help; an HIV Prevention Action Checklist; activities for health skills enhancement; a pronunciation glossary of HIV/AIDS related terms; summary of HIV/AIDS facts; and sources of HIV/AIDS help. The Instructor Guide describes the goals, guidelines, and information strategies of school HIV/AIDS education. Sections of the guide present a four-session lesson plan, followed by nine different learning opportunities and five different types of test questions. Three appendices provide: student worksheets for the learning opportunities, handouts that can be reproduced for students, and a list of selected HIV/AIDS education resources. (ND)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****



ED 408 291

SP

5603460

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN OTHER THAN PAPER COPY HAS BEEN GRANTED BY

D. B. Walling

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Below is an explanation of the cover. You may find it helpful to introduce the topic of AIDS by first discussing the cover. We have found students' comments on this work of art to be both stimulating and thought provoking.

The artist's explanation also appears on the inside cover of the student book.

ARTIST'S COMMENT

The idea for the art work I constructed about AIDS grew out of what I have read and felt about this tragic disease. I came to realize that the only cure we as a people now have is education and compassion. As a society we face many problems with this disease, and in this piece I tried to communicate a response to some of these problems.

As an illustrator, I work with many different materials. Here I wanted to create a life-size work made up of familiar materials that would symbolize for both adults and children the complexities of how people respond to AIDS. Many of the symbols in this piece have more than one meaning.

BLACK: (on canvas with white emerging) darkness, death, the unknown, out of which comes light — hope, understanding, a way out or through.

THE FENCE: the barrier put up by so many people and organizations to keep out people who have AIDS or are suspected of having it.

THE HOLE IN THE FENCE: a way in or out, an opening for understanding and compassion. Graphically this area is used for the title.

THE WHITE BACKGROUND: (sheet) a way of concealing the identity of a person with AIDS.

THE PERSON BEHIND THE BACKGROUND: his/her eyes and mouth are the windows of the soul or spirit — that which lives in all of us regardless of race, beliefs, or the disease AIDS.

THE RED LETTERING: (AIDS) the labeling or stigmatizing as a victim, much like Hestor's A in *The Scarlet Letter*; the red also symbolizes blood, which is linked to the transmission of the disease.

THE YELLOW RIBBON: caution. Yes, be cautious, but let compassion and education be your guides.

Finally, what the poster does not reveal is the actual size of the work: six by eight feet. Only when people see this piece do they fully experience the impact I wanted to express; the hole in the fence, for example, is large enough for a person to walk into or out of. Thus, the title "Looking into AIDS."

Joe LaMantia

Joe LaMantia
Dimensional Illustrator

Looking into AIDS

INSTRUCTOR'S GUIDE

William L. Yarber, Professor

Department of Applied Health Science
Indiana University
Bloomington, IN 47405

Phi Delta Kappa
Bloomington, Indiana

ABOUT THIS BOOK

Looking into AIDS is appropriate for the developmental and reading level of upper elementary/middle school students and was prepared following "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," published by the U.S. Public Health Service, Centers for Disease Control. *Looking into AIDS* also reflects the recommendations of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. Students, parents, educators, and representatives of several national education, health, and youth-serving organizations have reviewed this curriculum and their suggestions have been incorporated. The author acknowledges the valuable contributions of these people.

Printed in the United States of America
9 8 7 6 5 4 3 2 1

Published by Phi Delta Kappa
P.O. Box 789
Bloomington, IN 47402-0789

Copyright © 1989 William L. Yarber

To my daughters Brooke and Jessica

CONTENTS

CHAPTER 1 **PHILOSOPHY OF SCHOOL HIV/AIDS EDUCATION** 1
Goal of School HIV/AIDS Education 1
Learning Domains Approach 2
Implementing the HIV/AIDS Education Curriculum 3
Development of this Curriculum 5

CHAPTER 2 **SUGGESTED LESSON PLAN** 7

CHAPTER 3 **LEARNING OPPORTUNITIES** 9
Index of Learning Opportunities 11
LO1 - Completing the AIDS Sentence 12
LO2 - AIDS Issues — Where I Stand 13
LO3 - The Best of Me 14
LO4 - HIV Risk Behaviors — Truth or Myth 15
LO5 - Dear AIDS Advisor 17
LO6 - Resisting Negative Peer Pressure 21
LO7 - Young People Delaying Sex 22
LO8 - Confronting Intravenous Drug Use 23
LO9 - Support for Avoiding HIV 24

CHAPTER 4 **TEST QUESTIONS** 25
True/False 25
Multiple Choice 26
Short Answer 27
Essay 28
Life Situation 28

APPENDIX A **STUDENT WORKSHEETS** 31
Worksheet 1: Completing the AIDS Sentence 33
Worksheet 2: AIDS Issues — Where I Stand 35
Worksheet 3: The Best of Me 39
Worksheet 4: HIV Risk Behaviors — Truth or Myth 41
Worksheet 5: Dear AIDS Advisor 43
Worksheet 6: Resisting Negative Peer Pressure 45
Worksheet 7: Young People Delaying Sex 47
Worksheet 8: Confronting Intravenous Drug Use 49
Worksheet 9: Support for Avoiding HIV 51

APPENDIX B **HANDOUTS** 53
Sources of HIV/STD Help 55
Summary of HIV/AIDS Facts 57

APPENDIX C **HIV/AIDS EDUCATION RESOURCES** 59

PREFACE

Acquired immunodeficiency syndrome or AIDS, is one of our most severe health problems. The number of persons becoming infected with the AIDS virus, called human immunodeficiency virus or HIV, is increasing in the United States and throughout the world. The number of individuals developing AIDS is also getting larger.

Unfortunately, there is no medical solution to AIDS at this time. That is, there is no cure for an HIV infection or for AIDS – most persons with AIDS eventually die. Also, there is no vaccine to prevent a person from acquiring HIV. Therefore, prevention is considered our only strategy for controlling the HIV epidemic.

HIV can be prevented by avoiding behavior that results in infection. Persons must be informed about what personal actions result in infection and must be motivated to avoid these behaviors. Since schools reach nearly all of our young people, they play a key role in prevention by reaching our children at an early age. Schools can teach young people how to avoid HIV before they develop risky health behaviors. Students have a right to complete health information about how HIV is transmitted and how an HIV infection is prevented.

This curriculum has been designed for use at the upper-elementary/middle school level. This guide accompanies the student book, *Looking into AIDS*. The guide begins by describing the goal, guidelines, and implementation strategies of school HIV/AIDS education. Chapter 2 presents a four-session lesson plan, followed by nine different learning opportunities in chapter 3. Five different types of test questions are given in chapter 4. Lastly, three appendices include student worksheets for the learning opportunities, handouts that can be reproduced for students, and a list of selected HIV/AIDS education resources.

CHAPTER 1

THE PHILOSOPHY OF SCHOOL HIV/AIDS EDUCATION

Schools, among all of our social institutions, are ideally suited to implement the only means currently available to combat the spread of HIV: preventive educational programs. Our schools are willing to play their role in national efforts to control and eventually eradicate HIV infection. However, many remain unsure about how to proceed. They face issues such as what, when, and how to teach students about HIV infection and AIDS. This introductory chapter will provide some responses to these and other related issues. It will also describe how this curriculum was designed to meet the purpose and goal of school HIV/AIDS education.

GOAL OF SCHOOL HIV/AIDS EDUCATION

The ultimate goal of HIV/AIDS instruction, like other content areas within the health science curriculum, is to prepare students to make intelligent, self-directed decisions about their own health so they can protect themselves from HIV.

To provide instruction that emphasizes preventive health behaviors we must first identify the behaviors that we expect as the result of instruction. These expected outcomes serve to guide both the content to be taught and the instructional methods. The behaviors listed below serve as the instructional basis for school HIV/AIDS education, and are presented as an HIV Prevention Action Checklist in the student book of this curriculum.

Following HIV/AIDS instruction, the student will

practice making good health decisions.
avoid sexual exposure to HIV.
not use intravenous drugs or share needles.
resist peer pressure to practice risky behavior.
use others to help one learn and practice HIV prevention.
continue to learn how to protect oneself from HIV.
seek HIV/AIDS counseling if necessary.
be supportive and helpful to persons with AIDS.
serve as an accurate source of HIV/AIDS information.
serve as a good role model to others.
promote HIV/AIDS education, research, and health care.

LEARNING DOMAINS APPROACH

It is widely accepted that health education is more effective when the three standard learning domains – cognitive, affective, and psychomotor – are addressed during instruction. This curriculum was developed to reflect the learning domains philosophy.

Appropriate Knowledge

HIV is a sexually transmitted disease (STD), like chlamydia, gonorrhea, herpes, and syphilis. Hence, the teaching approach, as well as the instructional content, should be similar to that suggested for STD education. In 1985 the U.S. Public Health Service, Centers for Disease Control (CDC) presented guidelines for school STD education. CDC stated that:

> Quality STD instruction means that students will be taught ways to avoid STD, to recognize STD symptoms, to access STD clinics or other health care providers, to follow treatment instructions if infected, and to refer all sex partners for medical care. A school curriculum which focuses on the teachings of STD biomedical facts detracts from the purpose of STD education and does not represent a quality unit of instruction.*

Relative to AIDS specifically, and considering the developmental level of students for which this curriculum is designed, the central theme of instruction should focus on the personal behaviors that put one at risk for HIV and the behaviors that help one avoid infection. Discussion of these topics can be simple, direct, and brief, since HIV is spread in only a few ways and only few behaviors are necessary to prevent infection.

Students should be given objective information about how HIV is transmitted and prevented. For example, students should be told that a HIV infection is prevented by sexual abstinence, mutual monogamy, condom use, careful partner selection, and limiting the number of sex partners. Failing to discuss each of these preventive strategies would appear to violate student rights to complete information needed to protect their health. The exact manner in which these topics are discussed are based on local community standards. This curriculum attempts to present information about HIV transmission and prevention objectively, yet discreetly.

Students do not need to know a lot of biomedical information, such as how HIV breaks down the immune system. Such information is not necessary for students to understand how to avoid HIV. When students ask detailed biomedical questions that cannot be answered in class, the teacher can assign a group of students to record the questions. Then the students can call the local or national AIDS telephone hotline for the answers and report back to the class.

Considering the age of upper elementary/middle school students, additional information beyond HIV transmission and prevention is stressed in the student book. Preparing oneself to face pressure to practice high-risk behavior is discussed. The book presents the steps and strategies for making responsible health decisions and for resisting negative peer pressure.

Health-Promoting Attitudes

Despite knowing the negative consequences of certain health behaviors, many people still continue risky lifestyles. Often the problem is not lack of knowledge, but inappropriate attitudes. Many students, for example, do not feel personally vulnerable to contracting HIV.

* *U.S. Department of Health and Human Services, (Atlanta:* Guidelines for STD Education. *Centers for Disease Control, Division of Sexually Transmitted Diseases, 1985).*

Hence, HIV/AIDS education should emphasize a mature attitude that assumes responsibility for one's own health and the health of others, and that has compassion for persons with AIDS. Education should be directed toward **student acceptance** of

- the seriousness of the HIV problem.
- personal vulnerability if high-risk behavior is practiced.
- practicing sex and intravenous drug use preventive behaviors.
- responsibility to others by avoiding exposing others and by getting partners to counseling if infection is suspected.
- the need for greater compassion, support, and resources for HIV-infected persons and persons with AIDS.
- the need for more education, health care, and research.

Preventive Skills

Many young people lack the necessary skills to avoid HIV. They cannot, for example, (1) communicate adequately with a potential sex partner about HIV prevention, (2) be sufficiently assertive to assure that HIV prevention measures are used, or (3) resist negative peer pressure to practice risky behaviors. HIV/AIDS education should provide as much rehearsal as possible of these skills and the other expected outcomes listed previously. Unfortunately, most of the behaviors cannot be actually practiced in the classroom. Therefore, exercises involving role playing or simulation of the behaviors, such as decision making, problem solving, communication, and refusal skills should be conducted.

IMPLEMENTING THE HIV/AIDS EDUCATION CURRICULUM

School HIV/AIDS education will more likely succeed if certain issues are addressed when implementing the instructional program. For example, attention should be given to securing school and community support and assuring adequate teacher competencies.

Support for the Instructional Program

Because of the increased focus on school HIV/AIDS education within more communities, many schools are involving the local community in forming the instructional program. Actually, many states now mandate that each school district have a school/community AIDS advisory committee.

Most communities support HIV/AIDS education within the school, although sometimes there are concerns about the exact nature of the course content. Hence, there are advantages of involving local community members. Typically, community involvement results in strong endorsement of the instructional program. Because of the severity HIV problem, most communities accept more detailed discussion of HIV transmission and prevention than they had previously accepted for other topics in STD and human sexuality. Nevertheless, schools still must exercise discretion.

On some occasions, members of the local advisory committee have strongly advocated that their particular moral stance related to sexuality be enclosed in the curriculum. School officials should be sensitive to these views, yet stand firm for a curriculum content based on student need, general education principles, and the philosophy of HIV/AIDS education presented here.

The local advisory committee should include teachers, parents, medical personnel, clergy, and students. Besides suggesting program policy and reviewing instructional material, the committee could also handle questions, concerns, and complaints about the program. This task relieves the

teacher and school officials from having to defend the program if criticism arises. If a local advisory committee is not utilized, the school administration and/or school board should formulate an HIV/AIDS education policy and approve an instructional program.

Further, each school district needs to develop a policy covering school attendance of HIV-infected students and staff and other HIV-related issues. The local health department could assist in formulating this policy. Also, guidelines can be found in a National Association of State Boards of Education publication, *Someone at School Has AIDS: A Guide to Developing Policies for Students and School Staff Members Who Are Infected with HIV.**

Community members can be valuable in another way. Communities having a mix of various ethnic groups should have an HIV/AIDS educational program that is sensitive to possible differing values and environment of students representing these groups. Representatives of ethnic groups within the local community should be consulted to provide guidance in developing the most relevant instructional program.

Placement within the Curriculum

Ideally, HIV/AIDS education should be given at all grade levels as part of a comprehensive, K-12, health science curriculum that also includes instruction about other STD and human sexuality. Such a placement makes sense pedagogically since the goal of HIV/AIDS education is to prepare students to make wise preventive decisions.

Since HIV prevention involves sexuality issues, HIV/AIDS education can be incorporated into a unit or course on human sexuality and family life. This is being done successfully in many schools. However, the identification of HIV/AIDS education as sex education, in some communities, may lead to controversy and limit the scope of the curriculum. If the school has a formal sexuality education program, HIV/AIDS instruction can be successfully presented in the communicable disease and/or STD unit. But HIV/AIDS education as part of a sound sexuality education program may be more complete, since sexuality and sexual decision making can be more thoroughly discussed.

It is preferable that HIV/AIDS education be presented in a coeducational setting to give both sexes the opportunity to enhance communication skills. However, HIV/AIDS education can be successful in single-sex classes.

Instructor Qualifications

As with all areas of the school curriculum, the competencies of the teacher who is responsible for HIV/AIDS instruction is a critical factor in determining the success of the program. In general, health educators should play the primary role in HIV/AIDS education since they are more likely to have the necessary skills for influencing student health behaviors. However, other teachers may have adequate skills and could successfully provide quality instruction.

The competent HIV/AIDS educator should be able to create a safe classroom environment in which students can discuss issues without fear of censorship or ridicule. The teacher should be able to lead group discussions, role playing, and values clarification exercises and be able to communicate with students with ease and sensitivity, providing factual information in an objective, unbiased manner.

**Copies of the guide are available from NASBE, Publications Department, 1012 Cameron Street, Alexandria, VA 22314, (703) 684-4000.*

A school system that initiates an HIV/AIDS education program should provide inservice education on teaching strategies and basic scientific concepts related to HIV infection and AIDS. Many teachers – even health educators who completed their professional preparation several years ago – do not have an adequate understanding of the goals, content, and methodology of HIV/AIDS education. In the workshop setting, teachers can gain confidence in dealing with the content – especially those teachers who think they need extensive biomedical information in order to teach about HIV/AIDS. Actually, the basic concepts that teachers need to know concerning HIV transmission and prevention are quite simple.

Some schools have used physicians, nurses, and local health department personnel to provide HIV/AIDS instruction. This is usually done to provide credibility to the program or because the faculty does not feel competent to teach in the area. Use of medical or public health personnel to provide HIV/AIDS education on a regular basis is not recommended, although they can be used occasionally as resource speakers to supplement classroom instruction. Most health care professionals are not educators and do not have the skills for working with young people in HIV prevention behaviors. Also, they have a tendency to dwell too much on biomedical information, which is not as important as health behavior information. Because classroom teachers know their students and have the instructional competencies to carry out the goals of HIV/AIDS education, they should be the ones to provide the bulk of instruction.

Resources

A list of national resources that assist the teacher or school district in presenting HIV/AIDS education is given in appendix C (page 59). The local health department and the state health and education departments can also provide guidance.

DEVELOPMENT OF THIS CURRICULUM

This curriculum, which includes the student book and this instructor's guide, emphasizes preventive health behaviors and actively involves students in learning. It was written in a discreet, sensitive manner for utilization in the upper elementary/middle school level in a wide variety of communities. Particular attention was given to scientific accuracy, appropriateness and tone of message, and readability of material. The glossary in the student book is a pronouncing glossary used to simplify the student's learning. This presentation of the vocabulary was chosen instead of the dictionary use of phonemic key.

Looking into AIDS was prepared following the recommendations of the U.S. Public Health Service, Centers for Disease Control publication, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS." This curriculum also reflects the recommendations of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. Further, students, parents, educators, and representatives of national education and youth-serving organizations have reviewed the material and their suggestions have been incorporated.

The curriculum emphasizes student activities (e.g., the learning opportunities given in the instructor's guide) as the fundamental instructional approach. The student book not only provides information about HIV and AIDS, but also includes learning resources designed to reinforce important concepts and enhance personal skills. One such resource, Health Skills Enhancement, encourages students to involve their parents/guardians or other trusted adults in its completion.

CHAPTER 2

SUGGESTED LESSON PLAN

This unit is designed for four class sessions, or about 160 to 200 minutes. The plan incorporates sections of the student book and Learning Opportunities (LO) given in chapter 3. Details for conducting the activities and LO are not based on the belief that the teacher can best decide the exact manner in which they should be completed. Each LO, however, does have a suggested procedure.

Some of the unit components should be completed at each grade level using the curriculum. However, the unit does present options for which LO should be used. The choice of LO could be based on several factors such as grade level, student maturity, school policy, and community standards. When the curriculum is taught at different grade levels in the same system, teachers should inform each other about which LO are conducted at each grade level.

SESSION 1

Instructor reads from student book:

- Why Learn about AIDS
- HIV Prevention Action Checklist

Students complete and discuss from student book:

- Discovering What I Know-1
- Discovering What I Believe-1

Assign homework from student book:

- Health Skills Enhancement Activities 1-4
  Encourage students to complete the activities with a parent, guardian, or another trusted adult. The assignments will be discussed during session 4.

Students silently read the main text of the student book beginning on page 9 during reading period.

SESSION 2

Conduct LO 1 or LO 2
Conduct LO 4 or LO 5

SESSION 3

Conduct LO 6
Conduct LO 7 or LO 8

SESSION 4

Conduct LO 3 or LO 9
Discuss homework assignment

- Health Skills Enhancement Activities 1-4

Suggest that students complete, outside the class session, these sections of student book:

- I Learned That. . . .
- Discovering What I Know-2
- Discovering What I Believe-2

Instructor reads from student book:

- Summary of HIV/AIDS Facts
- HIV Prevention Action Checklist

CHAPTER 3

LEARNING OPPORTUNITIES

This chapter includes nine different learning opportunities (LO) that reinforce the material and approach of the student book. The LO are action oriented and involve the cognitive, affective, and psychomotor domains. These activities take into account different levels of student maturity and academic sophistication, as well as varied community situations. Activities involving problem solving, decision making, examination of values and issues, self-concept enhancement, rehearsal of resistance/refusal communication skills, and recall of important concepts are included.

Each LO requires student worksheets, located in appendix A.

Before using an LO the teacher should become thoroughly familiar with its purpose and suggested procedure. Further, the teacher must plan ahead in providing needed materials, such as student worksheets. To assist in planning, an index of the learning opportunities follows.

INDEX OF LEARNING OPPORTUNITIES

LO 1 COMPLETING THE AIDS SENTENCE 12
Students indicate their viewpoints on situations related to HIV infection and AIDS by completing unfinished sentences.

LO 2 AIDS ISSUES — WHERE I STAND 13
Students indicate their viewpoints on situations related to HIV infection and AIDS by choosing a point along a line representing a continuum of attitudes toward the issue.

LO 3 THE BEST OF ME 14
The students indicate positive traits or characteristics of other students and ways self-concept can be enhanced.

LO 4 HIV RISK BEHAVIORS — TRUTH OR MYTH 15
Students indicate whether certain behaviors can transmit HIV or prevent HIV infection.

LO 5 DEAR AIDS ADVISOR 17
Students, pretending they are AIDS advisors for a newspaper column, suggest a solution to AIDS problems submitted in letters sent to the column.

LO 6 RESISTING NEGATIVE PEER PRESSURE 21
Students create verbal responses to hypothetical negative peer pressure situations and practice verbally resisting negative peer pressure.

LO 7 YOUNG PEOPLE DELAYING SEX 22
Students answer questions concerning sexual intercourse for young adolescents, including how to delay having sexual intercourse.

LO 8 CONFRONTING INTRAVENOUS DRUG USE 23
Students answer questions concerning intravenous drug use in young adolescents and ways it can be avoided.

LO 9 SUPPORT FOR AVOIDING HIV 24
Students answer questions concerning previous use of a personal support system and how to use a support system in the future.

COMPLETING THE AIDS SENTENCE

LEARNING OPPORTUNITY 1

Purpose

To assist students in examining and clarifying their attitudes toward HIV infection and AIDS

Objective

Each student will indicate his/her viewpoint on situations related to HIV infection and AIDS.

Type of Activity

Individual completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 1 (see appendix A, page 33)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 1 to each student. Ask students to read the first part of the unfinished sentence and then write in what he/she thinks would best complete each sentence.
2. Have a small-group and/or a class discussion following completion of the student worksheet. Inform students that they are not required to share responses for any sentence if disclosure would make them uncomfortable.
3. As an alternative activity, the teacher could collect completed worksheets. The results could be summarized and discussed with the entire class. Before collecting the worksheets be sure to tell students that they should not put their names on the papers. The teacher should be careful that no student's identity be revealed during discussion.

Note

- Teachers should exercise discretion in using this learning opportunity. Community and school values should be considered. Further, the appropriateness of the activity for each group of students must be assessed.
- Student participation should be voluntary, with no penalty for nonparticipation. Students should be told not to place their names on the worksheets and that they are not required to express their opinions to others.
- Any views expressed by students should be treated with respect by the teacher and students.

AIDS ISSUES — WHERE I STAND

LEARNING OPPORTUNITY 2

Purpose

To assist students in examining and clarifying their attitudes toward HIV infection and AIDS

Objective

Each student will indicate his/her viewpoint on situations related to HIV infection and AIDS.

Type of Activity

Individual completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 2 (see appendix A, page 35)
Pencil

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 2 to each student. Ask students to read the issue and then indicate their stance by making a mark at a point on the continuum line. The teacher may choose to use a portion of the issues instead of all nine.
2. As an optional activity, ask students to indicate why the stance was taken.
3. As another option, the teacher could collect completed worksheets. The results could be summarized and discussed with the entire class. Before collecting the worksheets be sure to tell students that they should not put their names on the papers. The teacher should be careful that no student's identity be revealed during discussion.

Note

- Teachers should exercise discretion in using this learning opportunity. Community and school values should be considered. Further, the appropriateness of the activity for each group of students must be assessed.
- Student participation should be voluntary, with no penalty for nonparticipation. Students should be told not to place their names on the worksheets and that they are not required to express their opinions to others.
- Any views expressed by students should be treated with respect by the teacher and students.

THE BEST OF ME

LEARNING OPPORTUNITY 3

Purpose

To enhance student self-concept

Objective

Each student will
- identify positive traits or characteristics of other students.
- describe ways self-concept can be enhanced.

Type of Activity

Small-group and class discussion

Materials Needed

Student Worksheet 3 (see appendix A, page 39)

Time

20-30 minutes

Suggested Procedure

1. Distribute Student Worksheet 3 to each student. Describe the purpose and directions.
2. Place students into groups of three or four.
3. The activity has two parts. For part A, have the group select one student at a time; the other group members are to name two positive traits or characteristics of that student. The student places these traits on the worksheet. The student adds two traits he/she most likes about him/herself. Students are then asked to express how they felt while hearing the traits named.
4. For part B, students within the group develop a list of ways that self-concept can be enhanced.
5. Following group work, each student should be given an opportunity to tell the entire class one or two of the contributed traits.
6. Finally, the ideas generated from part B are discussed by the entire class.

Note

The teacher may need to place a list of positive traits/characteristics on the chalkboard to assist students in identifying traits. Students can assist the teacher in creating the list. Some positive traits are: friendly, dependable, honest, sensitive, well-groomed, kind, talented, and hard-working.

HIV RISK BEHAVIORS — TRUTH OR MYTH

LEARNING OPPORTUNITY 4

Purpose

To reinforce student understanding of
- ways HIV is transmitted
- how an HIV infection can be avoided

Objective

Each student will indicate whether or not HIV can be transmitted or avoided by certain behaviors or means.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 4 (see appendix A, page 41)
Pencil

Time

15-20 minutes

Suggested Procedure

1. Distribute Student Worksheet 4 to each student. Describe the purpose and directions.
2. Have the students complete the activity individually or in small groups.
3. The teacher leads the class in a discussion of each statement, reinforcing the correct concept.

Worksheet Answer Key

Questions are based on scientific evidence of whether or not there have been any reported cases of HIV transmission by the behavior or means. For example, in theory under the most ideal conditions, it might be possible to transmit HIV by kissing. But there have been no reported cases, even from open-mouth ("French") kissing.

HIV can be transmitted by . . .

T 1. sexual intercourse

T 2. HIV-infected semen, vaginal fluids, or blood entering the mouth, penis, vagina, or rectum

F 3. kissing

F 4. hugging

F 5. touching an HIV-infected person

F 6. sneezing, coughing, or spitting

F 7. sweat, tears, urine, or bowel movements

F 8. attending school with an HIV-infected person

F 9. using someone else's dishes or eating utensils

F 10. being bitten by mosquitoes, bed bugs, or other insects

F 11. using someone else's comb or make-up

F 12. donating blood

F 13. using public toilets, swimming pools, telephones, or whirlpools

T 14. having many sex partners

T 15. having sex with persons who might be at high risk for having HIV

T 16. sharing intravenous drug needles and syringes

HIV can be avoided by . . .

T 1. sexual abstinence

T 2. mutual monogamy (if neither person is infected)

T 3. proper use of latex condoms during sex

T 4. sexual partners not passing semen, vaginal fluids, or blood between them

T 5. not having sex with persons who might be at high risk for having HIV

F 6. urinating after sexual intercourse

F 7. douching after sexual intercourse

T 8. not sharing intravenous drug needles and syringes

DEAR AIDS ADVISOR

LEARNING OPPORTUNITY 5

Purpose

To provide practice in solving AIDS-related problems

Objective

Each student will create a solution to several HIV/AIDS situations represented in letters submitted to the imaginary newspaper column "Dear AIDS Advisor."

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 5 (see appendix A, page 43)
Pencil

Time

15-20 minutes

Suggested Procedure

1. Distribute Student Worksheet 5 to each student. Describe the purpose and directions.
2. Have students complete the activity individually or in small groups.
3. A class discussion can then be conducted.
4. As an additional activity, the teacher might have students create letters that reflect other AIDS-related problems of young people. Students then should be asked to answer the letters. Space for writing a letter is provided on the student worksheet.

Worksheet Answer Key

Each letter, with a suggested response, is provided below. Students' answers do not need to match the suggested responses word for word to be considered acceptable. Space is provided following each suggested answer to allow the instructor to record other good responses that might have emerged during discussion.

Letter 1

Dear AIDS Advisor:

I'm confused. I've heard a lot about how a person gets the AIDS virus. My friends tell me one thing, and sometimes I hear different reports on radio or television. How does a person become infected with the AIDS virus?

Confused Cassandra

Dear Cassandra:

You're smart for trying to get the correct facts. The AIDS virus, or HIV, is passed only three ways: (1) intimate sexual contact with an infected person, (2) sharing intravenous drug needles with an infected person, and (3) from an infected mother to her child during pregnancy, childbirth, or breast-feeding.

AIDS Advisor

Letter 2

Dear AIDS Advisor:

Even though I'm still pretty young, I've started group dating with some other kids. We do a little kissing, but that's all. I sure don't want to get AIDS. What's the surest way to keep from getting the AIDS virus?

For-Sure Franco

Dear Franco:

The surest way to avoid the AIDS virus, or HIV, is sexual abstinence. This means not having sexual intercourse or other intimate sex. It is normal for persons your age not to have intimate sex. Early sexual activity has many risks. Also, you should not use intravenous drugs. If you do, do not share the needles – and seek professional help. By the way, there have not been any reported cases of persons getting HIV from kissing, even passionate, open-mouth kissing.

AIDS Advisor

Letter 3

Dear AIDS Advisor:

Some older kids I run around with are starting to have sex. Some are also using drugs. I like being with them, but I'm also worried. I don't want to do those things. What should I do?

Worried Wendy

Dear Wendy:

Congratulations! You want to do the things that are the most responsible and health promoting for kids your age. Your friends might be a negative influence on you. Talk to them about their high-risk behavior and your concerns. Sometimes people can help influence their friends to stop high-risk behavior. Also, suggest that they seek the advice of an adult, such as a parent, teacher, religious leader, or health counselor. You may have to choose other friends if they continue their behavior.

AIDS Advisor

Letter 4

Dear AIDS Advisor:

My friends are pressuring me to do things I don't want to do. I'm afraid that if I don't give in, they will stop being my friends. I want to keep their friendship, but I also want to keep my values. What should I do?

Pressured Pam

Dear Pam:

No one has the right to pressure you to do things against your values. I applaud you for wanting to keep your values. Talk to your friends and ask them to stop pressuring you. Tell them that you want to remain friends but may not be able to if they continue pressuring. You may have to find other friends. Ask a parent, teacher, religious leader, or other adult you trust to help you with this situation.

AIDS Advisor

Letter 5

Dear AIDS Advisor:

I know what to do to keep from getting the AIDS virus. But sometimes it's really hard to do all those things. I think that I might be better at it if someone could help me. Who can give me advice and support? I'd like to find someone to help me.

Seeking Sandy

Dear Sandy:

Not all people your age recognize that others can help them in practicing responsible and healthy behavior. Good for you! Seek the advice of people you trust and respect, such as a parent or guardian, teacher, counselor, school nurse, or religious leader. These persons can provide encouragement and support.

AIDS Advisor

Letter 6

Dear AIDS Advisor:

My school doesn't teach much about AIDS. I need to learn more about it. Where can I get information?

Needing Naoko

Dear Naoko:

The local health department is usually one of the best sources of HIV/AIDS information. A parent, teacher, school nurse, or religious leader may help you get information. One could also call the National AIDS Information Line or the STD National Hotline.

AIDS Advisor

Letter 7

Dear AIDS Advisor:

I just found out that one of my close friends has AIDS. My friend needs me now, but I'm scared. I'd like to give him a hug and hold his hand. Can I get the AIDS virus from being close to my friend?

Scared Stacey

Dear Stacey:

It is great that you want to support your friend. You are right: he needs your friendship. HIV cannot be transmitted by hugging or holding hands. You cannot get HIV by being near someone who has HIV or AIDS. Good luck.

AIDS Advisor

RESISTING NEGATIVE PEER PRESSURE

LEARNING OPPORTUNITY 6

Purpose

To provide students with
- models for resisting negative peer pressure
- practice in verbally resisting negative peer pressure

Objective

Each student will
- create verbal responses to negative peer pressure.
- demonstrate an ability to verbally resist negative peer pressure.

Type of Activity

Small-group and class discussion
Role play
Observation

Materials Needed

Student Worksheet 6 (see appendix A, page 45)
Pencil

Time

20 minutes

Suggested Procedure

1. Distribute Student Worksheet 6 to each student. Describe the purpose and directions.
2. Place students into small groups and ask each group to create a verbal response to the pressure situations in part A of the student worksheet.
3. Conduct a discussion of the solutions with the class.
4. For part B, place students into groups of three. For each of the scenarios, one student exerts pressure, one resists pressure, and the third evaluates the resistance. The roles should be rotated so that each student plays each role. The teacher should provide examples of pressure tactics, resistance strategies, and suggestions on how to evaluate the resistance. Refer to the suggested resistance strategies given in the student book on page 27.
5. Conduct a discussion of part B with the class.

Note

- The teacher might ask for volunteers to role-play one of the scenarios for the entire class.
- The teacher might ask students to create a negative peer pressure scenario to replace one of the scenarios in either part A or part B.

YOUNG PEOPLE DELAYING SEX

LEARNING OPPORTUNITY 7

Purpose

To facilitate student understanding of
- the risks of early sexual involvement
- readiness criteria for sexual intercourse
- alternatives to sexual intercourse

Objective

Each student will
- describe risky situations that might be conducive to sexual activity.
- name the risks/consequences of intercourse in young people.
- name the reasons for young people delaying intercourse.
- describe when a person is ready for intercourse.
- name what young people can do to show closeness and affection other than intercourse.
- name fun activities for persons of their age.

Type of Activity

Individual or small-group completion of student worksheet
Small-group and/or class discussion

Materials Needed

Student Worksheet 7 (see appendix A, page 47)
Pencil

Time

15-20 minutes

Suggested Procedure

1. Distribute Student Worksheet 7 to each student. Describe the purpose and directions.
2. Have the students complete the activity individually or in small groups.
3. The teacher can conduct a discussion with the entire class.

CONFRONTING INTRAVENOUS DRUG USE

LEARNING OPPORTUNITY 8

Purpose	To enhance student understanding of some issues dealing with intravenous drug use
Objective	Each student will – indicate whether healthy people use intravenous drugs. – why people use intravenous drugs. – explain whether using intravenous drugs is the best way to get high. – explain how a person's life might change from using intravenous drugs. – describe what can be done to help young people avoid intravenous drugs.
Type of Activity	Individual or small-group completion of student worksheet Small-group and/or class discussion
Materials Needed	Student Worksheet 8 (see appendix A, page 49) Pencil
Time	15-20 minutes
Suggested Procedure	1. Distribute Student Worksheet 8 to each student. Describe the purpose and directions. 2. Have the students complete the activity individually or in small groups. 3. The teacher can conduct a discussion with the entire class.

SUPPORT FOR AVOIDING HIV

LEARNING OPPORTUNITY 9

Purpose	To facilitate student understanding of the value and use of the personal support system
Objective	Each student will – briefly describe a past incident in which he/she used a personal support system. – describe how to use a support system in the future.
Type of Activity	Individual completion of student worksheet Small-group and/or class discussion
Materials Needed	Student Worksheet 9 (see appendix A, page 51) Pencil
Time	15-20 minutes
Suggested Procedure	1. Distribute Student Worksheet 9 to each student. Describe the purpose and directions. 2. Have students complete the activity individually. 3. The teacher can then conduct a discussion with small groups or the entire class.
Note	Before any group discussion, the teacher should tell students that they do not have to disclose any answers they consider too personal.

CHAPTER 4

TEST QUESTIONS

Some teachers may desire to conduct a written examination of student understanding of material in the student book. Five types of questions are presented here to assist teachers in developing such an examination: true/false, multiple choice, short answer, essay, and life situations. The correct answer is given for each question, along with the page of the student book in which the question's concept is discussed. The teacher may want to select only some of the questions, basing the choice on students' academic ability and language skills, for example.

TRUE/FALSE

F 1. AIDS is caused by bacteria. (p. 9)

T 2. HIV stands for human immunodeficiency virus. (p. 9)

F 3. Young people do not need to worry about HIV infection since there are very few AIDS cases among teenagers. (p. 9)

T 4. The number of AIDS cases among blacks and Hispanics is growing faster than for whites. (p. 10)

T 5. Most AIDS cases in heterosexual men and women, and children involve intravenous drugs. (p. 10)

F 6. HIV is the only STD that should concern teenagers. (p. 11)

F 7. Nearly all persons diagnosed as having AIDS have died. (p. 11)

T 8. The first symptoms of HIV infection are similar to common minor illnesses. (p. 14)

F 9. The symptoms of an HIV infection always appear within a few months after HIV was acquired. (p. 14)

F 10. All persons with HIV have developed AIDS. (p. 15)

T 11. There is no cure or vaccine for HIV/AIDS. (p. 16)

F 12. A person's sexual orientation is more important than his/her health behaviors in determining if HIV is acquired. (p. 17)

T 13. Both males and females can transmit HIV. (p. 17)

T 14. A person cannot get HIV from donating blood. (p. 18)

T 15. There have not been any reported cases of persons getting HIV from kissing. (p. 19)

F 16. Scientists are unsure about how a person can avoid HIV. (p. 21)

F 17. The condom is 100 percent effective in preventing HIV infection. (p. 22)

F 18. It is usually easy to determine who has HIV by just looking at the person. (p. 22)

T 19. Persons using intravenous drugs should not share the needles and syringes. (p. 23)

T 20. An HIV-infected mother should not breast-feed. (p. 23)

T 21. One does not need to do things beyond HIV prevention to avoid other STD. (p. 23)

F 22. There is a fee for calling the National AIDS Information Line. (p. 29)

F 23. Every person should consider taking the HIV antibody test even though the person may not have practiced risky behavior. (p. 30)

F 24. Teenagers need parental permission to get HIV counseling and testing. (p. 30)

T 25. A person should not donate blood to find out if he/she has the HIV antibodies. (p. 31)

MULTIPLE CHOICE

a 1. Most of the AIDS cases in the U.S. have been found among:
   a. male homosexuals and bisexuals (p. 10)
   b. heterosexual intravenous drug users
   c. heterosexual men and women
   d. recipients of blood transfusions

b 2. Which statement about HIV infection is **false**?
   a. HIV destroys cells that assist the immune system.
   b. HIV can be passed **only** when symptoms of infection are present. (p. 14)
   c. The percentage of HIV infected persons who will develop AIDS is not known exactly.
   d. The outcome of having AIDS is very severe.

b 3. Which statement about the HIV antibody test is **true**?
   a. A positive HIV antibody test result means that a person will definitely develop AIDS.
   b. A positive test result means that the person has been infected with HIV. (p. 15)
   c. The HIV-antibody test can be purchased at a drug store by anyone.
   d. It takes between one to two weeks for HIV antibodies to appear once a person is infected.

d 4. The most common way HIV is transmitted is by:
   a. intravenous drug use
   b. mother to child
   c. blood transfusions
   d. intimate sexual contact (p. 17)

d 5. Which statement about HIV transmission is **false**?
   a. HIV is not like the flu, cold, or measles.
   b. HIV cannot be spread by casual contact.
   c. HIV is not spread by insects, like mosquitoes.
   d. Family members living with HIV-infected persons have acquired HIV by being near the person. (p. 18)

a 6. The surest way to avoid HIV is by:
   a. sexual abstinence (p. 21)
   b. mutual monogamy
   c. condom use
   d. careful partner selection

c 7. Which statement about responsible health decisions is **false**?
   a. People can do more to preserve their health than doctors can.
   b. Pressure to practice risk behaviors usually increase as a young person gets older.
   c. People of your age are too young to learn about resisting negative peer pressure. (p. 27)
   d. Decision making is a process and a skill.

SHORT ANSWER

1. The percentage of the total AIDS cases from which group of persons has been decreasing? (homosexual and bisexual males, p. 10)
2. About what proportion of the AIDS cases in the U.S. have involved intravenous drug use? (one-third, p. 10)
3. Name the seven symptoms of HIV infection that are given in the book. (tiredness, swollen lymph glands, fever, loss of appetite, loss of weight, diarrhea, night sweats, p. 14)
4. In general, what must an HIV-infected person have before being classified as having AIDS? (opportunistic disease, p. 14)
5. How long have most persons lived after they developed AIDS? (less than two years, p. 15)
6. To be sure that there has been enough time for HIV antibodies to develop, the test should be taken at least how many weeks after high-risk behavior? (12 weeks, p. 15)
7. Name the three body fluids in which HIV is transmitted. (semen, vaginal fluids, and blood, p. 17)
8. A child has about what percentage chance of being born with HIV if the mother is infected? (50 percent, p. 18)
9. What are the three ways HIV is transmitted? (intimate sexual contact with an infected person, sharing intravenous drug needles with an infected person, from an infected mother to her child during pregnancy, childbirth, or breast-feeding, p. 17)
10. What does mutual monogamy mean? (both partners of a couple having sex with each other only, p. 22)
11. What type of condom is recommended for avoiding HIV? (latex, p. 22)

12. What are the five major decision-making steps presented in the book? (identify the problem, gather important facts, identify possible solutions, select the best choice, act on the solution as a trial run, p. 26)
13. Name four persons listed in the book who might help a young person avoid HIV. (parents/guardians, religious leaders, teachers, school nurses, counselors, youth leaders, other trusted adults, friends who are good role models, p. 28)
14. Which local government department is the best source of AIDS information? (health department, p. 30)
15. Who should be contacted to help a person determine if the HIV-antibody test should be taken? (physician or health care counselor, p. 30)

ESSAY

1. Why is it risky for young people to have sexual activity? (possible physical and mental harm – such as AIDS and other STD, pregnancy, disappointment, feeling used, p. 21)
2. What can a person of your age do to resist negative peer pressure? (learn your values and the values of your parents; practice resisting peer pressure; avoid persons who might pressure you to practice risky behavior; identify trouble situations; when pressured, state your decision, state why you refuse to take risk, be firm in talking, take action, and suggest an alternative activity, p. 27)

LIFE SITUATION

Stacey and Daryl are high school students who have been dating for a long time. They decided to talk about their relationship and AIDS. Some of the statements they made are correct, whereas others are false. Indicate the true statements by marking T, and the false statements by marking F.

F 1. It would be perfectly safe for us to have sexual intercourse since we are not homosexual. (p. 17)

F 2. We would know if one of us had HIV because you can tell who is infected by just looking at the person. (p. 22)

T 3. If we were to have intercourse, it would be smart for us to use a condom since we cannot be perfectly sure about each other's past. (p. 22)

F 4. If we got HIV-antibody tests and the results were negative, we can have sex since HIV is the only serious STD in young adults. (p. 11)

T 5. We don't need to have intercourse since people can have a close or special relationship without having sex with each other. (p. 21)

Jamal and Cantrise are brother and sister. They are real close and talk a lot about personal things. Jamal tells his sister that he recently began using intravenous drugs. He knows that she has studied about AIDS in school. Jamal is worried about AIDS and asks Cantrise questions. Some of Cantrise's responses are true (mark T) and some are false (mark F).

T 1. To avoid HIV, a person should not share the drug needles or syringes. (p. 23)

T 2. If you have shared needles or syringes, you should see a health counselor about whether you should take the HIV-antibody test. (p. 30)

F 3. You do not have any risk for HIV infection unless you are also having sex with your drug-using friends. (p. 22)

T 4. You should see a counselor about trying to stop your intravenous drug use. (p. 23)

F 5. Even if you shared needles, you are not at risk for HIV infection since none of your friends have AIDS. (p. 14)

APPENDIX A

STUDENT WORKSHEETS

Each of the nine Learning Opportunities in chapter 3 suggests the use of one of the following student worksheets. The number of the worksheet corresponds with the number of the LO. The worksheets can be duplicated and distributed to students.

1 **COMPLETING THE AIDS SENTENCE** 33
2 **AIDS ISSUES — WHERE I STAND** 35
3 **THE BEST OF ME** 39
4 **HIV RISK BEHAVIORS — TRUTH OR MYTH** 41
5 **DEAR AIDS ADVISOR** 43
6 **RESISTING NEGATIVE PEER PRESSURE** 45
7 **YOUNG PEOPLE DELAYING SEX** 47
8 **CONFRONTING INTRAVENOUS DRUG USE** 49
9 **SUPPORT FOR AVOIDING HIV** 51

COMPLETING THE AIDS SENTENCE

STUDENT WORKSHEET 1

Directions After reading each unfinished sentence, write what you think would best complete the sentence.

1. AIDS is. . . .

2. Fearing HIV is. . . .

3. Avoiding HIV by sexual abstinence is. . . .

4. Condoms are. . . .

5. Not using intravenous drugs to avoid HIV is. . . .

6. For most young people, delaying sexual intercourse is. . . .

7. Resisting negative peer pressure is. . . .

8. Talking with parents about AIDS is. . . .

9. People infected with HIV should. . . .

10. People with AIDS need. . . .

11. Sitting next to a person infected with HIV would be. . . .

12. If a friend became infected with HIV, most young people would. . . .

13. Serving as an accurate source of HIV/AIDS information would be. . . .

AIDS ISSUES — WHERE I STAND

STUDENT WORKSHEET 2

Directions After reading about the views of the two people decide which person you are most like. Mark an X at any point on the line between the two names. You may feel exactly like one of the persons or have feelings in between. Explain, if your teacher asks, why you have chosen your stance.

1. Now Ned ——————————————— Later Lilian

Ned thinks that now is the time for kids his age to learn about AIDS. He believes that they need to learn how to make good health decisions before they get into high school. Lilian feels that it would be better to learn about AIDS later. She believes that young people are not interested in AIDS. Also, they do not need AIDS information.

Explain your answer:

2. Careful Cherise ——————————————— Careless Carmen

Cherise believes that the AIDS problem is very serious. She thinks that young people can be at risk for getting HIV. Cherise says that she plans to be real careful to avoid HIV. Carmen feels that the AIDS problem is really not too serious. She believes that young people are not at risk since most AIDS cases occur in adults. Carmen says that she does not plan to do anything special to avoid HIV.

Explain your answer:

3. Avoid Andy ——————————————————— Join Jamal

Andy believes that there are risky situations, such as parties with older kids, where kids do things against their values. They are pressured to try things that could expose them to HIV. Andy says that he plans to avoid those situations. Jamal thinks that there is not much peer pressure for kids his age. Besides, he feels that he can easily resist the pressure. Jamal says that he is not afraid to join others at parties or at risky situations.

Explain your answer:

4. Seek Shevon ——————————————————— Alone Amy

Shevon feels that it is sometimes very difficult to resist pressure to try risky behaviors. She believes that other people can help her in avoiding HIV. Shevon says that she plans to seek advice and support from others. Amy believes that other people cannot help someone avoid HIV. She thinks that a person has to resist the pressure alone. Amy says that she does not plan to talk to others about HIV infection.

Explain your answer:

5. Model Michael ——————————————— Don't Care Daryl

Michael believes that a person's health behaviors can influence others. He says that he wants to be a good role model for practicing HIV prevention. Daryl believes that kids his age are not influenced much by their peers. He says that he is not concerned about being a good role model.

Explain your answer:

6. Friend Francisco ——————————————— Leave Luís

A friend of Francisco and Luís recently developed AIDS. Francisco is not afraid of getting HIV from him and will still remain friends. Luís does not believe what the government says about HIV transmission. He thinks being near a person with AIDS could expose him to HIV. Because of this, Luís says that he plans to leave the friendship.

Explain your answer:

7. Current Cantrise ——————————————— Stop Steve

Cantrise believes that it is important to continue learning about HIV and AIDS. She says that she plans to keep current on AIDS facts even after the AIDS unit

in school. Steve feels that the AIDS unit in school is enough. He says that he will stop reading about HIV and AIDS once the AIDS unit is over.

Explain your answer:

8. Source Stephanie ——————————————— Private Pam

Stephanie learned about AIDS in her school and wants to help others learn about it too. She says that she is going to tell her friends that she is a source of accurate AIDS information. Pam, who also had the AIDS lessons, feels very uncomfortable in talking about AIDS. Pam says that she does not want her friends asking questions about AIDS.

Explain your answer:

9. Freedom Frank ——————————————— Isolate Illica

Frank feels that there is no risk of getting HIV by being near a person with an HIV infection or AIDS. He says that HIV-infected persons should be allowed to attend school and be in public. Illica is afraid of getting HIV by being near an HIV-infected person. She says that those persons should not be permitted in school or in public.

Explain your answer:

THE BEST OF ME

STUDENT WORKSHEET 3

PART A

Directions

1. Each group member is to name two positive traits or characteristics of each person in the group.
2. When the other group members name your traits, write them below.
3. Then add two traits that you like most about yourself.
4. Discuss, as a group, the feelings each person felt when the positive traits were named.

My positive traits are. . . .

PART B

Directions Make a list of things you can do to improve the way you feel about yourself.

HIV RISK BEHAVIORS — TRUTH OR MYTH

STUDENT WORKSHEET 4

Directions Decide whether each statement is a "truth" or "myth" statement. Circle T (Truth) or F (False, Myth). If you are not sure of the correct answer, circle the question mark (?).

HIV can be transmitted by . . .

1. sexual intercourse	T	F	?
2. HIV-infected semen, vaginal fluids, or blood entering the mouth, penis, vagina, or rectum	T	F	?
3. kissing	T	F	?
4. hugging	T	F	?
5. touching an HIV-infected person	T	F	?
6. sneezing, coughing, or spitting	T	F	?
7. sweat, tears, urine, or bowel movements	T	F	?
8. attending school with an HIV-infected person	T	F	?
9. using someone else's dishes or eating utensils	T	F	?
10. being bitten by mosquitoes, bed bugs, or other insects	T	F	?
11. using someone else's comb or make-up	T	F	?
12. donating blood	T	F	?
13. using public toilets, swimming pools, telephones, or whirlpools	T	F	?
14. having many sex partners	T	F	?
15. having sex with persons who might be at high risk for having HIV	T	F	?
16. sharing intravenous drug needles and syringes	T	F	?

HIV can be avoided by . . .

1. sexual abstinence	T	F	?
2. mutual monogamy (if neither person is infected)	T	F	?
3. proper use of latex condoms during sex	T	F	?
4. sexual partners not passing semen, vaginal fluids, or blood between them	T	F	?
5. not having sex with persons who might be at high risk for having HIV	T	F	?

6. urinating after sexual intercourse	T	F	?
7. douching after sexual intercourse	T	F	?
8. not sharing intravenous drug needles and syringes	T	F	?

DEAR AIDS ADVISOR

STUDENT WORKSHEET 5

Directions Pretend that you are an AIDS advisor for a newspaper column. Kids your age send letters to you about personal problems related to HIV/AIDS. You suggest a solution to each problem. Write your advice on another sheet of paper. There is nothing written for letter 8. If your teacher asks, create a letter that reflects another AIDS problem for you or your friends. Then, provide a solution to the problem.

Letter 1 Dear AIDS Advisor:

I'm confused. I've heard a lot about how a person gets the AIDS virus. My friends tell me one thing, and sometimes I hear different reports on radio and television. How does a person become infected with the AIDS virus?

Confused Cassandra

Letter 2 Dear AIDS Advisor:

Even though I'm still pretty young, I've started group dating with some other kids. We do a little kissing, but that's all. I sure don't want to get AIDS. What's the surest way to keep from getting the AIDS virus?

For-Sure Franco

Letter 3 Dear AIDS Advisor:

Some older kids I run around with are starting to have sex. Some are also using drugs. I like being with them, but I'm also worried. I don't want to do those things. What should I do?

Worried Wendy

Letter 4 Dear AIDS Advisor:

My friends are pressuring me to do things I don't want to do. I'm afraid that if I don't give in, they will stop being my friends. I want to keep their friendship, but I also want to keep my values. What should I do?

Pressured Pam

Letter 5 Dear AIDS Advisor:

I know what to do to keep from getting the AIDS virus. But sometimes it's really hard to do all those things. I think that I might be better at it if someone could help me. Who can give me advice and support? I'd like to find someone to help me.

Seeking Sandy

Letter 6 Dear AIDS Advisor:

My school doesn't teach much about AIDS. I need to learn more about it. Where can I get information?

Needing Naoko

Letter 7 Dear AIDS Advisor:

I just found out that one of my close friends has AIDS. My friend needs me now, but I'm scared. I'd like to give him a hug and hold his hand. Can I get the AIDS virus from being close to my friend?

Scared Stacey

Letter 8 Dear AIDS Advisor:

RESISTING NEGATIVE PEER PRESSURE

STUDENT WORKSHEET 6

PART A

Directions Write what a person should say in resisting the negative peer pressure of the two situations below.

Situation 1 You and your parents have agreed on a curfew for Friday nights. The friends you are with on this particular Friday evening are trying to convince you to stay with them past the curfew hour.

Your response:

Situation 2 One of your friends tries to pressure you to skip school one day. The friend wants to spend the day at the nearby shopping mall with you.

Your response:

PART B

Directions This activity involves three people. Two students act out the situation, with one doing the pressuring and the other resisting the pressure. The third student uses the form below to evaluate how well the second student resists. Rotate the roles so that each student plays each role once.

Situation 3 You have been dating someone and have done some kissing, but have not had sexual intercourse. Your partner is trying to convince you to have intercourse. However, you don't want to become that sexually intimate.

Situation 4 Your close friends are experimenting with intravenous drugs. They are pressuring you to try them too. But you are worried about drugs affecting your health. You don't want to try them.

Situation 5 Your friend is trying to convince you to ride in a car with older kids. You are worried about your safety and that you might be persuaded to do things against your values. You heard that the kid who owns the car is a wild driver. You also heard that the older kids sometimes get drunk. You don't want to go on the car ride.

Evaluation

Situation Number _____

Resistor _____

Evaluator _____

Did the resistor . . .	Yes	No
1. state the "no" decision clearly?	☐	☐
2. state why he/she refuses to take risk?	☐	☐
3. sound firm when talking?	☐	☐
4. repeat "no" if necessary?	☐	☐
5. take action, like leaving the scene or refusing to discuss the situation further?	☐	☐
6. suggest an alternative activity?	☐	☐

YOUNG PEOPLE DELAYING SEX

STUDENT WORKSHEET 7

Directions Answer the questions below in the space provided.

1. Describe risky situations or settings that might lead to sexual activity.

2. What are the risks or consequences of young people having sexual intercourse?

3. What are the reasons for young people delaying sexual intercourse?

4. When is a person ready for sexual intercourse?

5. What can young people do to show closeness or affection to each other besides having sexual intercourse?

6. Name fun activities for persons of your age.

CONFRONTING INTRAVENOUS DRUG USE

STUDENT WORKSHEET 8

Directions Answer the questions below in the space provided.

1. Do healthy people ever use intravenous drugs? What types of drugs?

2. Why do people use intravenous drugs?

3. Is the use of intravenous drugs the best way to get high? Explain.

4. Do people's lives change when they use intravenous drugs? Explain.

5. What can be done to help young people avoid intravenous drugs?

SUPPORT FOR AVOIDING HIV

STUDENT WORKSHEET 9

Directions Each of us at times may need to talk to someone about important issues in our lives. We may just want information, or we might desire to discuss feelings, values, or a decision that needs to be made. Also, we may want someone to help us resist pressure to do something against our values.

Persons that you could turn to are called your personal support system. Parents, other trusted adults, or your peers make up your support system. They can encourage you to avoid HIV risk behaviors and support you when you practice a responsible health lifestyle.

Answer the questions below in the space provided.

1. Recall a past incident when you used your personal support system. What was the issue? Whom did you turn to? How did the person or persons help?

2. For the future, who would make up your support system?

3. How would you seek their help? What would be the first thing you would say when asking for their help?

4. What issues related to HIV prevention could the support system help you resolve?

5. How could the support system help?

6. If someone asked you for help, what could you do?

APPENDIX B

HANDOUTS

This appendix contains two sheets that can be duplicated for distribution to students.

SOURCES OF HIV/STD HELP

This sheet is a replica of a form found in the back of the student book. It can be given to students if they are not permitted to write in their books. The teacher should assist students in completing the form.

SUMMARY OF HIV/AIDS FACTS

This sheet is a replica of a section found in the back of the student book. It can be used to inform persons about AIDS who do not have the student book. For example, it could be placed on a school bulletin board or distributed to all students in the school.

SOURCES OF HIV/STD HELP

Community Sources for HIV/STD Help and Information

_____

_____

_____

_____

_____

_____

_____

Help Telephone Numbers

Local AIDS Hotline _____

National AIDS Information Line
1-800-342-AIDS *English-speaking*
1-800-342-SIDA *Spanish-speaking*
1-800-AIDSTTY *hearing-impaired*

STD National Hotline 1-800-227-8922
In California: 1-800-982-8922
In Alaska and Hawaii call the local Health Department.

Minors can get STD treatment without parental consent in every state.

SUMMARY OF HIV/AIDS FACTS

AIDS is a serious health problem in the United States and many other countries. By the summer of 1989 there were over 100,000 cases in the U.S., with more than 59,000 deaths. Between 1 and 1.5 million persons in the U.S. may be infected with the AIDS virus. The World Health Organization indicated that about 150 countries have reported at least one AIDS case.

HIV INFECTION AND AIDS

AIDS is the end result of being infected with a virus called HIV. HIV weakens the body's immune system, meaning the person may get certain serious illnesses or cancers. Once these develop, the person is classified as having AIDS. Not all HIV-infected persons develop AIDS, but the percentage is high. Most persons with AIDS live less than two years after developing AIDS. HIV can be transmitted soon after a person becomes infected, even if there are no symptoms of HIV infection.

AIDS cases have been found among: (1) males who have had sex with other males, (2) males who have had sex with both females and males, (3) intravenous drug users, (4) heterosexual partners (male and female) of persons having HIV, (5) persons receiving blood transfusions or blood products, and (6) children born from infected mothers.

The incubation period for an HIV infection ranges from a few months to ten years or more. Symptoms of an HIV infection include: tiredness, swollen lymph glands, fever, loss of appetite, loss of weight, diarrhea, and night sweats. There is no medicine available that will help HIV or cure AIDS. Nor, is there an HIV vaccine.

HIV TRANSMISSION

HIV is transmitted by infected blood, semen, and vaginal fluids. HIV is passed by sexual contact and sharing intravenous drug needles/syringes with an infected person. It can also be passed from an infected mother to her unborn or newborn child or during breast-feeding. Both females and males can transmit HIV. The more sex partners a person has the greater the chance of getting HIV. HIV is transmitted by specific behaviors, not just by being homosexual, heterosexual, or bisexual.

AVOIDING HIV

It is possible to avoid or reduce exposure to HIV and other sexually transmitted diseases by: (1) sexual abstinence, (2) mutual monogamy, (3) not sharing blood, semen, or vaginal fluids, (4) con-

dom use, (5) careful partner selection, and (6) limiting the number of sex partners. Also, not using intravenous drugs and sharing their needles and syringes helps avoid HIV.

HIV/AIDS HELP SOURCES

One can keep informed about HIV/AIDS by contacting the local health department, a physician, a health teacher, or a local AIDS telephone hotline. One could call the National AIDS Information Line: 1-800-342-AIDS (English-speaking), 1-800-342-SIDA (Spanish-speaking), or 1-800-AIDSTTY (hearing-impaired). Many local health departments provide HIV/AIDS counseling and HIV-antibody testing. The counseling and testing are confidential to all persons, including teenagers. Some also provide anonymous testing.

PREPARING YOURSELF TO AVOID HIV

You may soon – if not already – have to make decisions related to sex and intravenous drug use. There are things you can do now to help prepare yourself to make the most responsible decision: (1) become skillful in health-decision making, (2) learn to resist peer pressure, and (3) develop resources, such as parents, to help avoid HIV infection.

APPENDIX C

HIV/AIDS EDUCATION RESOURCES

Teachers and their school districts may want to contact outside organizations or other resources to assist them in presenting HIV/AIDS education. The selected resources listed below can provide current information about the HIV/AIDS problem, educational materials, curriculum development, and instructional strategies. As indicated, a few national organizations publish periodical journals or newsletters. These publications often list current teaching materials and educational opportunities, as well as feature articles about the HIV/AIDS problem.

Besides the national organizations listed below, the teacher or school could contact the local or state health department, or the state department of education.

NATIONAL CLEARINGHOUSE

National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
1-800-458-5231

COMPUTERIZED BIBLIOGRAPHIC DATABASE

AIDS School Health Subfile on the Combined Health Information Database (CHID) lists HIV/AIDS materials for schools, such as curricula and health policies. Managed by the U.S. Public Health Service. Contact:

BRS Information Technologies
1200 Route 7
Latharm, NY 12110
1-800-345-4277

NEWSLETTER

Morbidity and Mortality Weekly Report
National AIDS Information Clearinghouse
P.O. Box 6003
Rockville, MD 20850
(301)251-5642

NATIONAL HOTLINES

National AIDS Information Line
English-speaking: 1-800-342-AIDS
Spanish-speaking: 1-800-344-SIDA
Hearing-impaired: 1-800-AIDSTTY

STD National Hotline: 1-800-227-8922
In California: 1-800-982-5883
In Alaska and Hawaii call the local health department.

National Institute on Drug Abuse: 1-800-662-HELP

National Association of People with AIDS: 1-800-338-2437

National Gay and Lesbian Crisis Line: 1-800-767-4297

NATIONAL ORGANIZATIONS

American Association of School Administrators
1801 N. Moore St.
Arlington, VA 22209
(703)875-0719

American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001
(202)879-4548

American Foundation for AIDS Research
1515 Broadway, Suite 3601
New York, NY 10036
(212)719-0033

American Medical Association
535 North Dearborn Street
Chicago, IL 60610
(312)645-5334

American Red Cross
National Headquarters
17th and E. Street, NW
Washington, DC 20006
(202)737-8300

American School Health Association
P.O. Box 708
Kent, OH 44240
(216)678-1601
(Journal: *Journal of School Health*)

Association for the Advancement of Health Education
(An association of the American Alliance for Health, Physical Education, Recreation and Dance)
1900 Association Drive
Reston, VA 22091
(703)476-3437 (Journal: Health Education)

Council of Chief State School Officers
Resource Center on Educational Inquiry
400 North Capitol Street, NW
Suite 379
Washington, DC 20001
(202)393-8159

ETR Associates
P.O. Box 1830
Santa Cruz, CA 95061-1830
(408)438-4080
(Catalog on AIDS and Family Life Education Material)
(Journal: *Family Life Educator*)

Hispanic AIDS Forum
121 Avenue of the Americas, Suite 505
New York, NY 10013
(212)966-6336

Minority Task Force on AIDS
National Council of Churches
475 Riverside Drive, Room 572
New York, NY 10115
(212)870-2385

National Association of State Boards of Education
1012 Cameron Street
Alexandria, VA 22314
(703)684-4000

National Coalition of Advocates for Students
100 Boylston Street, Suite 737
Boston, MA 02116-4610
(617)357-8507

National Coalition of Hispanic Health and Human Services Organizations
1030 15th Street, NW
Suite 1053
Washington, DC 20005
(202)371-2100

National Education Association
100 Colony Square, Suite 200
Atlanta, GA 30361
(404)875-8819

National Gay and Lesbian Task Force
1517 U Street NW
Washington, DC 20009
(202)332-6483

National Network of Runaway and Youth Services, Inc.
1400 Eye Street, NW
Suite 330
Washington, DC 20005
(202)682-4114

National Organization of Black County Officials
440 First Street, NW
Suite 500
Washington, DC 20001
(202)347-6953

The National PTA
700 North Rush Street
Chicago, IL 60611
(312)787-0977

National Rural and Small School Consortium
National Rural Development Institute
Miller Hall 359
Western Washington University
Bellingham, WA 98225
(206)676-3576

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
(703)838-6765

San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
(415)864-4376
(*AIDS Educator: A Catalog of AIDS Educational Material*)

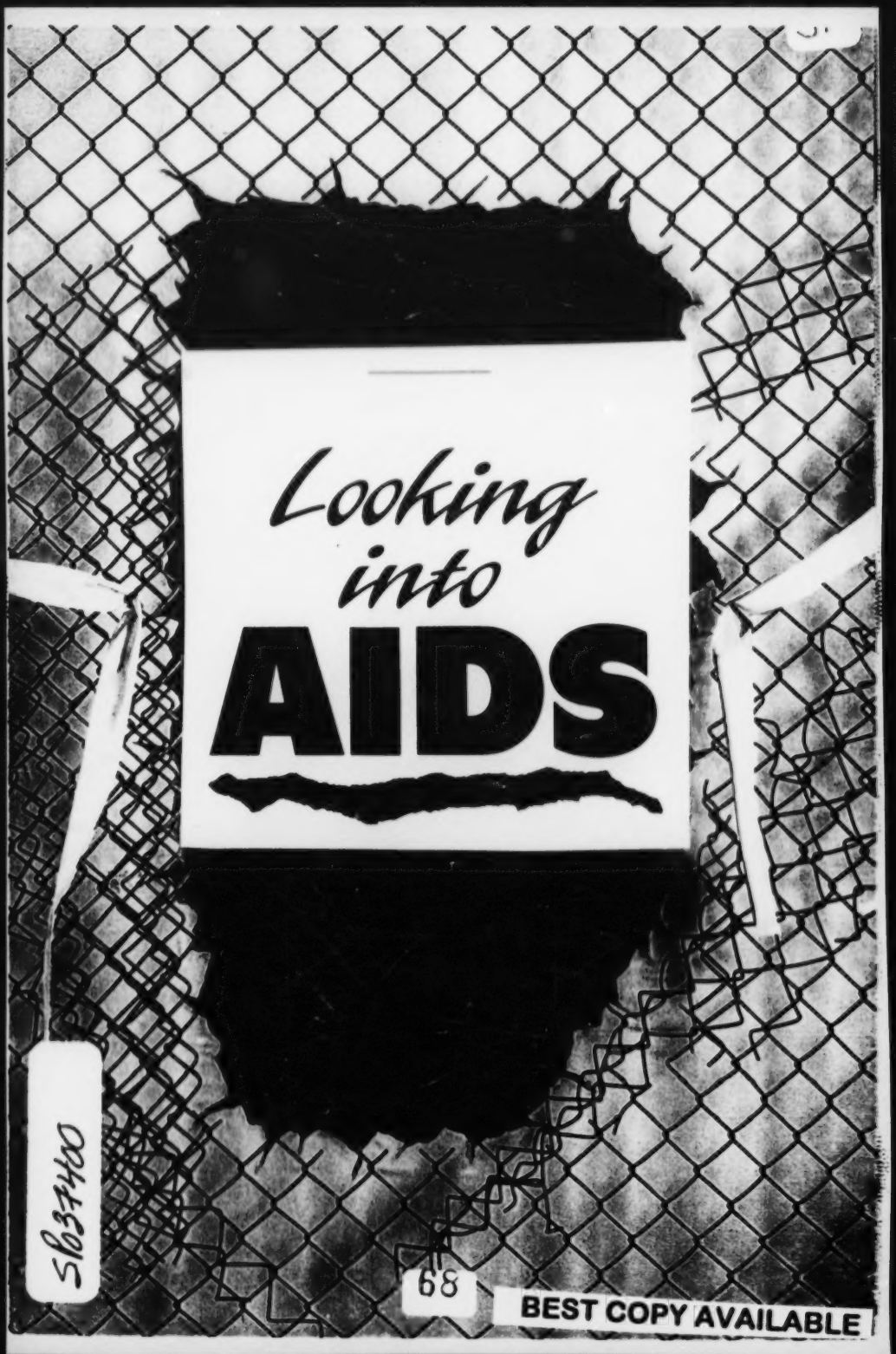
Sex Information and Education Council of the United States
New York University
32 Washington Place
New York, NY 10003
(212)673-3850
(SIECUS Information Service and Library)
(Newsletter: *SIECUS Report*)

ABOUT THE AUTHOR

Dr. William L. Yarber is a professor of applied health science at Indiana University in Bloomington, Indiana. A former public school health science and biology teacher, Yarber also taught at Purdue University and the University of Minnesota. He has published extensively in scholarly journals in the areas of sexually transmitted disease education and sexuality education. Recent publications include the secondary school curricula, *AIDS What Young Adults Should Know* and *STD: A Guide for Today's Young Adults*.

Professor Yarber has served as consultant on school AIDS education for the World Health Organization Global Program on AIDS and the U.S. Public Health Service's Centers for Disease Control. He has presented papers at numerous national and international conferences and has conducted workshops on AIDS education for school districts and professional organizations in the United States and other countries.

BEST COPY AVAILABLE

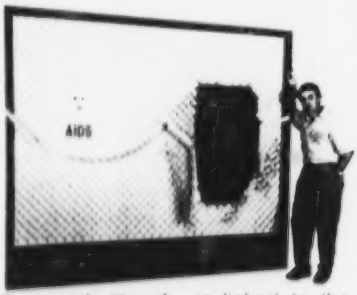


SB37400

BEST COPY AVAILABLE

ARTIST'S COMMENT

The idea for the art work I constructed about AIDS grew out of what I have read and felt about this tragic disease. I came to realize that the only cure we as a people now have is education and compassion. As a society we face many problems with this disease, and in this piece I tried to communicate a response to some of these problems.



As an illustrator, I work with many different materials. Here I wanted to create a life-size work made up of familiar materials that would symbolize for both adults and children the complexities of how people respond to AIDS. Many of the symbols in this piece have more than one meaning.

BLACK: (on canvas with white emerging) darkness, death, the unknown, out of which comes light — hope, understanding, a way out or through.

THE FENCE: the barrier put up by so many people and organizations to keep out people who have AIDS or are suspected of having it.

THE HOLE IN THE FENCE: a way in or out, an opening for understanding and compassion. Graphically this area is used for the title.

THE WHITE BACKGROUND: (sheet) a way of concealing the identity of a person with AIDS.

THE PERSON BEHIND THE BACKGROUND: his/her eyes and mouth are the windows of the soul or spirit — that which lives in all of us regardless of race, beliefs, or the disease AIDS.

THE RED LETTERING: (AIDS) the labeling or stigmatizing as a victim, much like Hestor's A in *The Scarlet Letter*; the red also symbolizes blood, which is linked to the transmission of the disease.

THE YELLOW RIBBON: caution. Yes, be cautious, but let compassion and education be your guides.

Finally, what the poster does not reveal is the actual size of the work: six by eight feet. Only when people see this piece do they fully experience the impact I wanted to express: the hole in the fence, for example, is large enough for a person to walk into or out of. Thus, the title "Looking into AIDS."

Joe LaMantia

Joe LaMantia
Dimensional Illustrator

Looking into AIDS

STUDENT BOOK

Looking into AIDS

STUDENT BOOK

William L. Yarber, Professor

Department of Applied Health Science
Indiana University
Bloomington, IN 47405

Phi Delta Kappa
Bloomington, Indiana

71

ABOUT THIS BOOK

Alberta Edition

Distributed by Alberta Health – 1992

Looking into AIDS is appropriate for the developmental and reading level of junior high school students and was prepared following "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," published by the U.S. Public Health Service, Centers for Disease Control. *Looking into AIDS* also reflects the recommendations of the Presidential Commission on the Human Immunodeficiency Virus Epidemic. Students, parents, educators, and representatives of several national education, health, and youth-serving organizations have reviewed this curriculum and their suggestions have been incorporated. The author acknowledges the valuable contributions of these people.

Alberta, Canada edition 1992
9 8 7 6 5 4 3 2 1

Published by Phi Delta Kappa
P.O. Box 789
Bloomington, IN 47402-0789

Copyright © 1989 William L. Yarber

To my daughters Brooke and Jessica

CONTENTS

WHY LEARN ABOUT AIDS 1

OBJECTIVES 3

DISCOVERING WHAT I KNOW-1 5

DISCOVERING WHAT I BELIEVE-1 7

THE AIDS PROBLEM 9
Persons with AIDS and HIV 9
HIV/AIDS in Canada and the World 11
Other Sexually Transmitted Diseases 11

HIV INFECTION AND AIDS 13
Being Infected with HIV 13
Symptoms of HIV Infection 14
Having AIDS 14
Detecting an HIV Infection 15
No Cure or Vaccine 16

TRANSMISSION OF HIV 17
Sexual Transmission 17
Blood Transmission 17
Mother to Child 18
Myths about Transmission 18

AVOIDING HIV 21
Avoiding Sexual Exposure 21
Avoiding Intravenous Drug Exposure 23
Other Prevention Methods 23
Preventing Other STD 23

RESPONSIBLE HEALTH DECISIONS 25
Preparing Yourself to Avoid HIV 25
Health Decision Making 26
Resisting Negative Peer Pressure 27
Help for Avoiding HIV 28
HIV/AIDS HELP SOURCES 29
Information Sources 29
Counseling and Testing 30
Help for Persons with HIV/AIDS 31
CONCLUSION 33
HIV PREVENTION ACTION CHECKLIST 35
I LEARNED THAT. 37
HEALTH SKILLS ENHANCEMENT 39
Health Skills Activity 1: Family Values 39
Health Skills Activity 2: Opposing Pressure Lines 41
Health Skills Activity 3: HIV/AIDS Information 43
Health Skills Activity 4: AIDS Problems 43
DISCOVERING WHAT I KNOW-2 47
DISCOVERING WHAT I BELIEVE-2 49
PRONOUNCING GLOSSARY 51
SUMMARY OF HIV/AIDS FACTS 57
SOURCES OF HIV/STD HELP 60

WHY LEARN ABOUT AIDS

Nearly everyone has heard about AIDS. Television and newspaper reports, for example, inform us about AIDS almost daily. The reports tell us that people die from AIDS and that there is no cure or vaccine. Also, we are told that AIDS is a serious world health problem. These statements are true. But some things people say about AIDS are false.

The AIDS problem has scared many people. They want accurate information. They want to know how to keep from getting AIDS. That is the goal of this booklet: to teach you by providing the *correct* information how to avoid AIDS.

You should learn about AIDS because *your actions are the key to avoiding AIDS*. Individual prevention is now the only solution.

This book will help you learn how to avoid the AIDS virus. It will tell you

- how the AIDS virus is and is not passed.
- what to do to keep from getting the AIDS virus.
- how to prepare yourself for preventing AIDS.
- how to make responsible health decisions.
- where to get information and help about AIDS.

This book may contain terms not known to you. Many words are defined in the glossary. Use it to look up difficult words. Be-

70

fore going further, two terms should be defined. AIDS, or acquired immunodeficiency syndrome, is the disease resulting from an AIDS virus infection. The scientific term for the AIDS virus is human immunodeficiency virus, or HIV. These terms will be discussed further in the book.

Now, go to the next page and read the objectives of the book.

OBJECTIVES

After completing this book, you should know and be able to discuss

- the difference between HIV infection and AIDS.
- how HIV is and is not transmitted.
- the major symptoms of HIV infection.
- ways to prepare yourself to avoid HIV.
- the steps in making good health decisions.
- how to resist peer pressure to practice risky behavior.
- who can help you avoid HIV.
- where to get information and help about HIV/AIDS.
- that there are other serious sexually transmitted diseases besides HIV/AIDS.

You should also be able to

- recognize that HIV/AIDS is a serious problem.
- accept the possibility of HIV infection from risky behavior.
- desire to practice HIV prevention.
- accept the value of others in helping one learn to avoid HIV infection.
- recognize the value of good health decisions.
- desire to be a positive role model of HIV prevention.
- be willing to provide accurate HIV/AIDS information to others.

- desire to show support for persons with AIDS.
- keep informed about HIV/AIDS.

And to help stop HIV and AIDS, you will

- practice making good health decisions.
- avoid sexual exposure to HIV.
- not use intravenous drugs or share needles.
- resist peer pressure to practice risky behavior.
- use others to help you learn and practice HIV prevention.
- continue to learn how to protect yourself from HIV.
- seek HIV/AIDS counseling if necessary.
- be supportive and helpful to persons with AIDS.
- serve as an accurate source of HIV/AIDS information.
- serve as a good role model to others.
- promote HIV/AIDS education, research, and health care.

DISCOVERING WHAT I KNOW-1

Circle the letter T or F for each statement below to indicate True or False. Use another sheet if you cannot keep this book. How well you do will *not* affect your grade. You are *not* required to answer these questions. But it will show you how much you already know about HIV and AIDS.

REMEMBER: HIV stands for human immunodeficiency virus. This virus causes the disease AIDS.

Answer Key: **T** = True **F** = False

1. One must have HIV symptoms before HIV can be passed to others.	T	F
2. An HIV infection can be cured.	T	F
3. HIV is mainly present in blood, semen, and vaginal fluids.	T	F
4. Sexual intercourse is the most common way HIV is passed.	T	F
5. Sharing intravenous drug needles can pass HIV.	T	F
6. Sexual abstinence is the most effective way to avoid HIV.	T	F

7. Sexual fidelity greatly reduces the chances of HIV infection. **T** **F**

8. The condom is not very effective for avoiding HIV. **T** **F**

9. Not using intravenous drugs helps one avoid HIV. **T** **F**

10. Methods for avoiding HIV usually do not help avoid other sexually transmitted diseases. **T** **F**

11. Young people can learn how to resist pressure to engage in risky HIV behaviors. **T** **F**

12. Teenagers must have permission of parents to get HIV counseling or testing. **T** **F**

ANSWERS: The correct answers are given below. The page number in this book where the answer is discussed is also provided.

1. **F** (p. 14)
2. **F** (p. 16)
3. **T** (p. 17)
4. **T** (p. 17)
5. **T** (p. 17)
6. **T** (p. 21)
7. **T** (p. 22)
8. **F** (p. 22)
9. **T** (p. 23)
10. **F** (p. 23)
11. **T** (p. 27)
12. **F** (p. 30)

DISCOVERING WHAT I BELIEVE-1

Circle the symbol (D, A) for each statement below that is most like what you think. Use another sheet if you cannot keep this book. Your responses will *not* affect your grade. You are *not* required to take this quiz. But, you might enjoy learning about some of your beliefs.

REMEMBER: HIV stands for human immunodeficiency virus. This virus causes AIDS.

Answer Key: **D** = Disagree, **A** = Agree

1. Television and other media are making too big a deal out of AIDS.	**D**	**A**
2. People get infected with HIV because they are being punished for their wrong actions.	**D**	**A**
3. Students with an HIV infection should not be permitted in school.	**D**	**A**
4. Trying to prevent HIV infection is too much trouble.	**D**	**A**
5. Practicing sexual abstinence to avoid HIV infection is taking the AIDS problem too seriously.	**D**	**A**

6. Not using intravenous drugs to avoid HIV infection is over-reacting. **D** **A**

7. People with AIDS do not deserve our help and support. **D** **A**

8. It is best to stop being friends with someone having HIV or AIDS. **D** **A**

9. Persons my age are too young to learn about HIV prevention. **D** **A**

10. HIV infection should be a concern for other cities or towns, but not mine. **D** **A**

11. The government – not each person – should have the main role for controlling HIV. **D** **A**

RESULTS

If you circled:

D Your beliefs help control HIV

A You lack an understanding about HIV and AIDS prevention

THE AIDS PROBLEM

AIDS* stands for **acquired immunodeficiency syndrome**. This condition is caused by a **virus**. The virus is the **human immunodeficiency virus**, or **HIV**. This virus has also been called the AIDS virus. The name used most often today is HIV. We will use the preferred term, HIV, in this book.

Many people infected with HIV cannot fight off diseases. If certain diseases are acquired, the person is said to have AIDS. Many of the diseases result in death. No one has completely recovered once he or she developed AIDS.

PERSONS WITH AIDS AND HIV

HIV infection has been **diagnosed** in many types of persons. Children, teenagers, and adults – both females and males – have been infected.

Most AIDS cases are persons in their late 20s through their 40s. There are very few cases of AIDS in persons below age 20. Therefore, many young people feel that they do not need to worry about HIV infection. As you will learn later, an HIV infection

**Words in bold print are defined in the pronouncing glossary on page 51. A guide on how to pronounce the most difficult words is also given.*

may have an **incubation period** of several years. This means that many persons in their 20s with AIDS became infected with HIV when they were teenagers.

AIDS cases have been found in every race. In the U.S. the number of new cases among blacks and Hispanics is growing faster than for whites. Public health officials are working hard to end this increase.

Most AIDS cases in North America have been found among (1) male **homosexuals**, or males who have sex with other males, and (2) male **bisexuals**, or males who have had sex with both females and males. However, the percentage of the total AIDS cases from these groups has been decreasing. This decrease is largely because of the adoption of preventive behavior by many homosexual and bisexual males and because transmission is increasing among injection drug users and heterosexuals.

AIDS has also been diagnosed in **intravenous drug** users, both **heterosexual** and homosexual. The percentage of AIDS cases resulting from intravenous drug use is increasing among heterosexuals. About one-third of the AIDS cases in the U.S. are now related to intravenous drug use. Also, most AIDS cases in heterosexual men, women, and children have involved intravenous drugs. In some parts of the U.S., intravenous drug use is the leading cause of getting HIV.

Some AIDS cases have occured among heterosexuals from sexual contacts. Others became infected with HIV through **blood transfusions** or blood products. The vast majority of these cases occured before 1985, the date when screening of blood donations began. Finally, some young children and babies acquired HIV from infected mothers before or during birth.

Most AIDS cases in North America and most European countries have occured among homosexual or bisexual men. But in other countries heterosexual **transmission** is more common. HIV appears to be mainly transmitted by heterosexual contact in most central African countries. Also, parts of Latin America and the Caribbean report increasing heterosexual transmission.

HIV/AIDS IN CANADA AND THE WORLD

The first case of AIDS in Canada was reported in 1982. Since then, the number of cases has rapidly increased. By the fall of 1991 there were a total of over 5,300 AIDS cases, with more than 3,200 deaths. However, these figures represent only part of the problem. Since AIDS is usually the end result of an HIV infection, there are many more persons infected with HIV. Between 30,000 and 35,000 persons in Canada are estimated to be infected with HIV. Many of these people will develop AIDS.

The World Health Organization projects that there will be a total of 40 million cases of HIV infection and 10 million cases of AIDS by the year 2000.

Every province in Canada has reported AIDS cases. Once, most of the AIDS cases and HIV infections were confined to a few large cities. Now, many more persons infected with HIV are found everywhere, including small towns and rural areas, suburbs, and large cities.

AIDS cases have also been found in most countries of the world. The World Health Organization has indicated that about 150 countries have reported at least one AIDS case.

OTHER SEXUALLY TRANSMITTED DISEASES

HIV infection is a **sexually transmitted disease**, also called **STD**. STD are diseases that can be passed between two people during sexual contact.

HIV infection is not the only serious STD that should concern young people. STD are among the most common **communicable diseases** of young adults. One in ten sexually active young people may have an STD.

Important STD other than HIV are chlamydia, gonorrhea, herpes, syphilis, and venereal warts. These STD can cause serious health problems. Sterility, nervous system damage, heart disease, arthritis, and death can result from untreated STD. If you want to learn more about STD, ask your teacher, school nurse, or a doctor.

HIV Infection and AIDS

HIV and AIDS are important terms used when the AIDS problem is discussed. They confuse some people and are often used improperly. Some may not even know the term HIV. But there is a difference between an HIV infection and having AIDS.

BEING INFECTED WITH HIV

Being HIV-infected means that a person has acquired HIV. That is, HIV is in that person's body. The person is considered infected even if AIDS does not appear. This person can pass HIV to others.

HIV destroys certain cells in the body that help the **immune system** fight off diseases. Therefore, **HIV-infected persons** may get serious illnesses more easily. They can acquire certain diseases that a person with a healthy immune system usually does not get. These diseases are called **opportunistic diseases**. Often, these diseases are severe and lead to death. A certain severe lung infection and a rare skin cancer are two common opportunistic diseases.

Some HIV-infected persons do not know they have HIV until **symptoms** of opportunistic diseases appear. Even then, they cannot be sure the symptoms are due to AIDS until they are tested for the presence of HIV.

SYMPTOMS OF HIV INFECTION

An HIV infection may have a long incubation period. The symptoms may not appear until a few months to ten years or more after the person acquired HIV. However, a person can transmit HIV soon after he or she becomes infected, even before symptoms appear. It seems that HIV can be passed to others throughout the infected persons' life.

The first symptoms of HIV infection are similar to common minor illnesses, like a cold or the flu. Symptoms of persons infected with HIV include:

- tiredness
- swollen lymph glands
- fever
- loss of appetite
- loss of weight
- diarrhea
- night sweats

The symptoms may mean that the person has HIV. Of course, other illnesses show these symptoms. So it is easy to confuse HIV symptoms with those of other diseases. HIV-infected persons may have these symptoms some or all of the time. That is, they could have periods of both health and illness. Usually, the symptoms get worse and occur more often as time progresses.

A person should not try to determine if he or she has HIV. Only a doctor or another health care worker can diagnose HIV by using a special blood test.

HAVING AIDS

In general, an HIV-infected person must have one of the opportunistic diseases to be classified as having AIDS. Other serious health conditions resulting from having HIV may also indicate AIDS. Having AIDS means that HIV has caused so much damage that certain diseases have become established in the body. These diseases – not HIV itself – are what usually makes the person with AIDS so ill.

Not all persons infected with HIV have developed AIDS. The percentage of HIV-infected persons who will develop AIDS is not known exactly, but it will be high. The U.S. Public Health Service has found that up to 48 percent of HIV-infected persons develop AIDS within 10 years of acquiring HIV. More HIV-infected persons will develop AIDS as time progresses.

The outcome of having AIDS is very severe. Persons with AIDS can become very ill, with much pain and suffering. They may have to spend long periods of time in the hospital. Also, AIDS is a fatal disease. Over 50 percent of persons having AIDS in Canada have died. Most have lived less than two years after they developed AIDS.

The families of persons with AIDS are not at risk for getting it. But they too, suffer much pain. The pain comes from seeing their loved one suffer.

DETECTING AN HIV INFECTION

There is a test that can help determine if a person has HIV. It is called the **HIV-antibody test**. The test measures **antibodies** to HIV in the blood. The test is very accurate. But tests like this are not 100 percent perfect. The doctor may also look for other signs of an HIV infection. The person may have an opportunistic disease or another serious condition.

A positive test result means that the person has been infected with HIV. That is, there are HIV antibodies in the blood. This does not mean the person will develop AIDS, although it is likely. The person can transmit HIV and should practice **HIV prevention**. On rare occasions, the test results may be positive when there are no HIV antibodies present. This is called false positive. Further test results usually show the true negative finding.

A negative test result means that the person does not have HIV. There are no antibodies found in the blood. However, the test may have been taken before antibodies develop. It takes between 6 to 12 weeks for HIV antibodies to develop. Hence, the test should be taken at least 12 weeks after **high-risk behavior**.

Also, on rare occasions a person may test negative when antibodies are present. This is called false negative.

More information about testing, such as when and where to get tested, is given later.

NO CURE OR VACCINE

One reason the AIDS problem is considered so serious is because there is no cure or **vaccine** for HIV/AIDS. There are medicines that help some people with HIV or AIDS. But there are no medicines available that kill HIV in the body or cure AIDS. Further, a vaccine that will keep a person from getting HIV has not been developed. Discovering a cure and vaccine would be a major – and very welcomed – step in controlling HIV. However, it appears that it will take many years for that to be done. Scientists are working hard to find medical ways to control HIV and AIDS.

TRANSMISSION OF HIV

HIV may be present in three body fluids: **semen**, **vaginal fluids**, and blood. A person can become infected with HIV if any of these three fluids containing HIV enter the body. Certain personal behaviors, described below, may result in contact with these fluids. Just being heterosexual, homosexual, or bisexual does not cause HIV infection. What people do – not who they are – exposes them to HIV.

SEXUAL TRANSMISSION

Intimate sexual behavior is the most common way HIV is transmitted. This includes **sexual intercourse** or other behavior in which the sex organs or mouth touch or enter someone else's body openings. That is, HIV is spread when HIV-infected semen, vaginal fluids, or blood enters the mouth, **penis**, **rectum**, or **vagina**.

Both males and females can transmit HIV. Also, the more sexual partners a person has, the greater the chance of getting HIV.

BLOOD TRANSMISSION

The second most common way HIV is passed is by intravenous drug users sharing their drug needles and **syringes**. Often a small amount of blood remains in the needle after being used. If the same needle is used by another person, the blood will enter that

person's blood stream. And if the blood contains HIV, the person could easily become infected.

Early in the AIDS problem, a small number of people became infected with HIV from contaminated blood transfusions. However, since 1985 all donated blood has been tested for the HIV antibody. Now the blood supply is safer than ever before. Hence, it is very unlikely that a person could become infected with HIV from a blood transfusion. Also, persons who donate semen and body tissues and organs are tested for HIV antibodies.

A person *cannot* get HIV from donating blood. A different needle is used for each donor. There is no shared equipment.

MOTHER TO CHILD

Children below age 14 represent about one percent of the AIDS cases in Canada. Most children having HIV acquired it from their infected mother during pregnancy or childbirth. A child has about a 50 percent chance of being born with HIV if the mother is infected. Babies born with HIV usually die within two years. In rare incidences HIV infection has been passed to a child during breast-feeding.

MYTHS ABOUT TRANSMISSION

There has been a lot written and said about the way HIV is transmitted. Certainly, some of the statements are true. But many misconceptions have been created. These myths have caused many people to have an unreasonable fear of AIDS. For example, they may be afraid of HIV-infected persons and refuse to be near them. On a few occasions, the behavior toward infected persons has been violent.

HIV is not like other communicable diseases, such as the flu, cold, or measles. These diseases can be spread through sneezing, coughing, or being around an infected person. HIV cannot be spread that way.

HIV cannot be spread by **casual contact**. For example, family members living in the same house with an infected person have not gotten HIV. These people shared eating utensils and the bathroom. They also hugged and kissed the infected person.

HIV has been found in saliva, but in very small amounts. People worried that they could get HIV from kissing. But there have *not* been any reported cases of persons getting HIV from kissing, even open-mouth "French" kissing.

In sum, HIV is *not* spread by

- sneezing, coughing, or spitting
- hugging, holding hands, or kissing
- sweat, tears, urine, or bowel movements
- dishes, eating utensils, or food
- mosquitoes, bed bugs, lice, or other insects
- using toilets, sinks, bathtubs, swimming pools, or telephones
- using someone else's comb or make-up
- being near an HIV-infected person in school or other places
- donating blood

Remember, HIV is transmitted by: (1) intimate sexual contact with an infected person, (2) sharing intravenous drug needles with an infected person, and (3) an infected mother to her child during pregnancy, childbirth, or breast-feeding.

AVOIDING HIV

Since HIV is transmitted only by certain behaviors, we know exactly how to keep from getting it. The preventive actions are actually easy to do. But people sometimes do not practice them because they lack motivation or certain skills. You can avoid or reduce the risks of HIV infection by doing the things listed below.

AVOIDING SEXUAL EXPOSURE

Avoiding or reducing sexual exposure to HIV and other STD involves (1) **sexual abstinence,** (2) mutual **monogamy,** (3) **condom** use, (4) careful partner selection, and (5) limiting the number of sex partners.

The surest way to avoid HIV and other STD is sexual abstinence. Abstinence is not having sexual intercourse or other intimate sex. People of most religions believe that sex should be postponed until marriage.

Even though sexual feelings are natural, there are many risks for early sexual activity besides AIDS. The risks include possible physical and mental harm, such as STD, pregnancy, disappointment, and feeling used. These are some of the several reasons for young adults to delay sexual intercourse. People can be close or have a special relationship without having sex with each other.

Most persons of your age are not ready for sexual intercourse. Abstinence, which is normal and healthy for your age, is the most **responsible decision**. Most young people are making this choice.

Uninfected partners who practice mutual monogamy in a long-term, steady relationship or marriage will not get HIV through sexual contact. This means that both partners are faithful and did not have HIV when they began having sex. These couples can continue to avoid HIV if neither partner uses intravenous drugs and shares the needles and syringes.

In some situations, persons should avoid exposure to certain fluids from a partner's body. This should be done if sex occurs outside a faithful relationship. Also, this protection applies if one is not sure if the partner has HIV. Basically, a person should not allow blood, semen, or vaginal fluids to touch his or her genitals, mouth, or **anus**. One of the best ways to prevent these fluids from entering the body is by proper use of the *latex* condom. The condom can greatly reduce the chance of HIV infection, although it is not 100% effective. If you want to know more about condoms, ask your teacher, school nurse, a health care worker, or your parents. Douching or urinating after sex will not help one avoid HIV infection. Also, the birth control pill does not prevent HIV infection.

One should avoid sex with persons who might be at high risk for having HIV or AIDS. For example, does the person have many sex partners or use intravenous drugs? Of course, this method of prevention is not always reliable. It is impossible to determine who has HIV by just looking, or by the person's reputation. Also, the person may not be honest about their sexual partners or drug use. Even with using a condom, the chances of infection increase with a partner at high risk.

Lastly, avoiding many sex partners helps keep one from getting HIV. As stated before, the more sex partners a person has, the greater the chance of getting HIV.

Talk to your parents, religious leader, or another trusted adult about sex and growing up. They can help you understand your sexuality and develop a **sexual code of behavior**.

AVOIDING INTRAVENOUS DRUG EXPOSURE

Another sure way to avoid HIV is to not use intravenous drugs at all. Persons using intravenous drugs certainly should not share the needles or syringes. If needles and syringes are shared, clean with bleach. Not only can drugs harm one's health, but they might also alter one's judgement. That is, a person drinking alcohol, smoking marijuana, or using cocaine or crack may not be able to think clearly and make wise health decisions. The chance of engaging in risky behaviors is greater.

The most responsible health decision is to not use any harmful drugs. Anyone using drugs illegally should see a physician or counselor to try to stop the drug use.

OTHER PREVENTION METHODS

Avoiding sexual and drug exposure are the two HIV prevention methods that you can do. There are other strategies that apply to persons infected with HIV. Persons having a positive HIV-antibody test should avoid exposing others to HIV. They should practice sexual abstinence or low-risk sexual behavior. They should not use intravenous drugs and share the needles. Likewise, infected persons should not donate blood, bone, organs, semen, and tissues. Lastly, they should also advise their sex or drug partners to go to a physician.

Women who have a positive HIV-antibody test should consider not becoming pregnant.

PREVENTING OTHER STD

One does not need to do other things beyond HIV prevention to avoid other STD. The ways a person avoids HIV also helps prevent STD. That's an added benefit of practicing HIV prevention. Also, abstinence and condoms prevent or help avoid pregnancy.

RESPONSIBLE HEALTH DECISIONS

Being healthy increases the quality of life. People enjoy life more and have greater achievements when they are in good health. Unfortunately, many people take their health for granted. They do things that harm their health. Sadly, they may not really appreciate their health until it is gone.

People do have control over their health. One's behavior can either promote or damage his or her health. Some people depend on physicians to cure their illness and to keep them healthy. Actually, people can do more to protect and preserve their own health than doctors can. People can, for example, avoid alcohol and cigarettes, exercise regularly, use seat belts, and have a good diet. Many health problems, such as AIDS, can be avoided by wise actions people take now. Health-promoting actions result from sound health decisions.

PREPARING YOURSELF TO AVOID HIV

Many of you are not now required to make decisions related to HIV risk behaviors. But soon you may have to decide whether to have sex or use intravenous drugs. Pressure to take part in risk behaviors will usually increase as you get older.

Media messages, pressure from others, and your own feelings may result in curiosity about sex and drugs. You probably will become more independent from your family. Plus, you may

become more involved in social activities. These changes will require you to make more decisions on your own. As you get older, you will have more responsibility for your own actions.

Now is the time to get ready for the pressure you will face. The more you do now to prepare yourself, the easier and better your decisions will be. Here are three things you can do *now*:

- Become skillful in health decision making, which will result in forming good health habits.
- Learn to resist **peer pressure** to have sex and use intravenous drugs.
- Develop resources, such as parents, that can help you avoid HIV.

HEALTH DECISION MAKING

Each of us make decisions every day. Most of the decisions are quite easy and do not concern serious aspects of life. The results of a poor decision may not have harmful results. However, sometimes we are faced with a decision that could affect our health. For example, do we smoke cigarettes? Or, do we do things that expose ourselves to HIV? Making the wise and responsible decision in these cases is very important.

We need to learn how to make wise decisions. Decision making is a process and a skill. The steps of decision making are given below. You may not need to use them for solving every problem. But, it makes good sense to practice using the steps to become skillful in decision making. Then, when an important decision is needed, you will be better prepared to make a wise and responsible decision.

Steps in Decision Making

1. Identify the Problem.
   - One must realize that a decision is needed.
   - Clearly identify what the problem is.
2. Gather Important Facts.
   - Determine all the facts about the situation so you can make an informed decision.

98

- Break the problem into smaller parts.

3. Identify Possible Solutions.
   - Decide what choices you have.
   - Ask if the solution reflects your religious beliefs, values, and the values of your parents.
   - Seek opinions from others, such as parents and other adults.
   - Ask what are the possible results of each choice.
   - Ask if the solution is safe, legal, and healthful.
4. Select the Best Choice.
   - Do this after the consequences of each choice are weighed.
5. Act on the Solution as a Trial Run.
   - Ask whether or not the choice is solving the problem.
   - Do not be afraid to change solutions if the choice is not working.

Making good health decisions results in people feeling good about themselves. Certainly, they have the reward of staying physically and mentally healthy.

You will have a chance to practice solving a HIV-related problem in the Health Skills Enhancement section at the end of this book.

RESISTING NEGATIVE PEER PRESSURE

Each of us faces peer pressure. Sometimes the pressure is good. For example, friends convincing you to join them in a fitness activity is a positive pressure. But often the pressure is negative, such as trying to force you to use drugs. Usually it is difficult to make a wise decision and stick to it when someone is pressing you. Everyone has to learn to resist negative peer pressure. Being good at resisting will become more important as you get older.

There are things you can do now to help yourself to be able to resist negative peer pressure. For example, learn what your and your family's values are. Practice resisting peer pressure and sticking to your values. Avoid persons who might pressure you to practice risky behavior. Learn to identify trouble situations. Also, ask yourself why others are offended by a certain negative peer pressure if you are not.

When pressured to practice risky behavior, try some of these ideas:

- State your decision; repeat it if necessary.
- State why you refuse to take the risk.
- Be firm when talking.
- Take action, which may be leaving the scene.
- Suggest an alternative activity.

In the Health Skills Enhancement section at the end of this book you can practice making some **refusal statements**.

HELP FOR AVOIDING HIV

Choosing behaviors that avoid HIV can sometimes be difficult. This is especially true if a person feels like he or she is alone in making the decision. It helps if others provide encouragement and support.

Do not hesitate to talk with others about decisions related to AIDS. Seek the advice of people you trust and respect. Persons who might be helpful are:

- parents or guardians
- religious leaders
- teachers, school nurses, counselors, or youth leaders
- other trusted adults
- friends who are good role models

As one who is learning about HIV and AIDS, you can help others avoid HIV infection. For example, you can be a good role model by practicing HIV prevention. Also, you can encourage friends to practice prevention and support those who do.

HIV/AIDS Help Sources

Since AIDS has become a major health problem, more community resources have been devoted to it. Besides having medical services, most towns have places where one can obtain AIDS information. Many communities also provide counseling and HIV-antibody testing.

INFORMATION SOURCES

There may be times you would like to have more information about HIV or other STD. Any of the following can either provide information or help you get it:

- parent or guardian
- religious leader
- health unit
- physician
- health teacher or school nurse
- STD clinics
- Community AIDS organizations
- AIDS/Sexually Transmitted Disease Information Line
  1-800-772-2437

Calling the health unit or community AIDS organizations is one of the best ways to get information. The health unit is usually

listed in the telephone book. AIDS organizations are sometimes listed in the "A" section of the white pages.

Your teacher can help you find local sources for AIDS information. Once you have the information, write it on the form on pages 60-61 of this book. If you cannot keep this book, ask your teacher for a copy of the form.

You can be a good information source for your friends. They may not have accurate facts. Tell others that you have learned about AIDS and are willing to talk to them about it. Correct any misconceptions they have. Inform them where they can get more information or help.

COUNSELING AND TESTING

Most people do not need to worry about getting HIV, since the virus is not passed by casual contact. If a person has not practiced risky behavior, there is no need to get the HIV-antibody test. However, persons at risk or suspecting infection should contact a physician or a health care counselor. These professionals will help one decide if the test is needed. The test is available to anyone.

Physicians and STD clinics provide **confidential** counseling and testing to all persons, including teenagers. Health units do not provide counseling and testing, but can still help people get these services.

Knowing the test results can be very valuable. Persons having negative results are encouraged to begin or continue practicing HIV prevention. Those with positive results are provided guidance concerning their health and the health of any sex or drug partners. They are encouraged not to expose others to HIV.

A person should not donate blood to find out if he or she is infected with HIV. This practice may harm others since it increases the danger of infected blood getting into the blood supply. It is best for a person to get counseling and testing from a STD clinic or a doctor.

HELP FOR PERSONS WITH HIV/AIDS

As you can imagine, discovering that one has HIV can be very upsetting. Persons with a positive HIV-antibody test result often become anxious and depressed. For example, they wonder if they will ever develop AIDS. They are concerned about exposing others to HIV. Persons infected with HIV need the support of friends and family. STD clinics and community AIDS organizations provide counseling and can lead infected persons to others who can give support. It is important for anyone testing positive to receive professional counseling.

Persons diagnosed as having AIDS face even more severe problems. They will probably become very ill and die from an opportunistic disease. They also may be mistreated, rejected, or harassed by others. Many persons with AIDS feel isolated and emotionally distressed. Community agencies or a doctor can help the person get support.

Persons with AIDS need support, understanding, and someone to help them. Friends can be very valuable. If a friend of yours develops AIDS, continue sharing activities and conversations with the person. Remember, you cannot get HIV by being near to someone having HIV or AIDS. You can hug the person and hold his or her hand.

CONCLUSION

Until medical science finds a vaccine for HIV or a cure for an HIV infection, prevention is the only solution to the AIDS problem. Infection by HIV is easy to prevent. The virus is passed almost entirely by actions you can choose to avoid. Only you – by making responsible health decisions – can prevent AIDS.

HIV Prevention Action Checklist

Below are listed the behavioral goals of this book. They stress what you can do now and later to avoid HIV. You do *not* have to check any of these actions. But you can use the list to remind yourself of your responsibilities.

To help stop HIV, I will

- ☐ practice making good health decisions.
- ☐ avoid sexual exposure to HIV.
- ☐ not use intravenous drugs or share needles.
- ☐ resist peer pressure to practice risky behavior.
- ☐ use others to help me learn and practice HIV prevention.
- ☐ continue to learn how to protect myself from HIV.
- ☐ seek HIV/AIDS counseling if necessary.
- ☐ be supportive and helpful to persons with AIDS.
- ☐ serve as an accurate source of HIV/AIDS information.
- ☐ serve as a good role model to others.
- ☐ promote HIV/AIDS education, research, and health care.

I Learned That....

DIRECTIONS: This activity can help you review some of the major facts about HIV/AIDS. Write in what you learned about each topic below. You might want to check your response with information in the Summary of HIV/AIDS Facts sheet on page 57.

1. About the difference between HIV infection and AIDS, I learned that. . . .

2. About whether HIV infection symptoms must be present before HIV can be passed to others, I learned that. . . .

3. About ways HIV is transmitted, I learned that. . . .

4. About how to avoid HIV, I learned that. . . .

5. About how to prepare myself to avoid HIV, I learned that. . . .

6. About where to get HIV/AIDS information and help, I learned that. . . .

HEALTH SKILLS ENHANCEMENT

As was stated earlier, you may face many pressures as you get older to participate in AIDS risk behaviors. Learning the skills to resist the pressure may take a long time. But there are things you can do now to prepare yourself to deal with pressure.

The activities which follow are designed to help you avoid HIV. Certainly they do not address all the health skills you need. There are other ways you may acquire the skills. For example, school lessons about other health areas and teaching at home are important. Ask the people you trust, such as parents or other adults, to help you.

The activities are not required. But you will probably find them fun and valuable.

HEALTH SKILLS ACTIVITY 1: FAMILY VALUES

Parents or guardians play an important role in helping young people to form good health values. They can be very helpful in teaching responsible health decisions. It is valuable if parents and their children can talk about sexual issues. When this occurs, the young person usually makes more responsible decisions.

This activity is designed to assist you and your parents or guardians to talk about sexuality, drugs, and AIDS. Together with

your parents, answer the questions below. The response may be written after each question. If for some reason you cannot talk with a parent, discuss the questions with a trusted adult.

1. What can be gained from parents and their children discussing sex and AIDS together?

2. What kinds of situations would lead to discussion?

3. What makes it hard for parents and kids to talk about sex?

4. What can be done to enhance or improve such discussions?

5. What are your family's values about sex and young adults?

6. What are your family's values about intravenous drug use and young adults?

7. How can parents help a young person deal with peer pressure?

HEALTH SKILLS ACTIVITY 2: OPPOSING PRESSURE LINES

Most of you will at some time be pressured by others to participate in AIDS risk behaviors. They may do this by trying to talk you into doing something you do not want to do. One way you can resist this pressure is to be ready with a response.

For this activity, you are to create refusal or opposing statements for some pressure lines. An example is given to help you understand the activity. Once you have completed the activity, practice using the lines with a friend. Also, you may want to ask someone else such as a parent or friend to help you create the opposing line.

Pressure Line 1

You can't be cool unless you have sex.

Opposing Statement

Sex is never a way of proving you're cool. It's cool and smart not to have sex at our age.

Pressure Line 2

We aren't too young to have sex.

Opposing Statement

_____

_____

_____

_____

Pressure Line 3

If you really love me, you would have sex with me.

Opposing Statement

_____

_____

_____

_____

Pressure Line 4

Don't pay attention to what parents and teachers say about sex and drugs. Let's listen to what older kids say.

Opposing Statement

_____

_____

_____

_____

Pressure Line 5
Let's try drugs just once.

Opposing Statement

_____

_____

_____

_____

HEALTH SKILLS ACTIVITY 3: HIV/AIDS INFORMATION

There may be times when you need more information about AIDS. Or you may want to talk to an AIDS counselor. Although there may be several sources of help in your town, contacting the health unit, community AIDS organization, or STD Services is usually the best step. If they cannot help you, they can suggest who can.

With another person, such as a parent, another adult, or a friend, locate the health unit, community AIDS organization, or STD Services number in the telephone book. Call them and ask about sources of HIV/AIDS information, where HIV/AIDS counseling and testing is located, and if there is an AIDS telephone information line. Write the information on the form located on the inside back cover of this book.

(Note: If the health unit cannot be easily located in the telephone book, call the information operator.)

HEALTH SKILLS ACTIVITY 4: AIDS PROBLEMS

Many of you may face situations dealing with AIDS. Hopefully, the facts you learn here and other places will help you deal with

the problem. To provide practice in solving AIDS problems, two situations are given below.

Read each situation and write in the provided space what would be the responsible health actions. Use the information in this book to help solve the problem. Also, feel free to ask others to help you. Possible good solutions are given at the end of the activity.

AIDS Problem 1:

You have been asked by an older friend to go to an upcoming party which a lot of older kids will attend. People say that some of the kids use drugs and are sexually active. You don't want to do these things for many reasons. You especially are concerned about your health and possible exposure to HIV and other STD. You are worried that if you attend the kids will try to convince you to do things that are against your values. The friend keeps asking you to go, but you've decided to skip the party. How can you deal with the peer pressure to attend the party?

ANSWER:

AIDS Problem 2:

During a recent visit with a friend who lives in another town, both of you began talking about AIDS. You told the friend that you had studied about AIDS in school. But he stated that his school did not teach about AIDS. He felt comfortable talking with you and asked a lot of questions. He is the same age as you and was

especially worried about getting infected with HIV. He wanted to know how to prevent HIV infection. What would you say?

ANSWER:

AIDS Solution 1

First, congratulations on your decision not to attend the party. It is the correct choice. One of the best ways to deal with negative peer pressure is to avoid possible trouble situations. In talking with your friend, firmly and clearly state your decision. Repeat it if necessary. Tell the friend that you are uncomfortable going because you are afraid you might be persuaded to do something against your values. You could simply say, "I don't want to be with some of the people at the party." Finally, suggest something less risky that you and your friend could do together. If the friend keeps pressing you, quit being around the person for a while.

AIDS Solution 2

It is a compliment to you that your friend feels comfortable talking with you. Tell him that the surest way to avoid HIV is not to have sex. Say that most people your age are not ready for sexual intercourse. Inform him that mutual monogamy, condom use, careful partner selection, and limiting the number of sexual partners are also prevention methods. Tell the friend that intravenous drug needles should not be shared, although it is wisest not to use intravenous drugs at all. Finally, encourage him to talk with his parents, or another trusted adult, about sexual issues and decision making.

DISCOVERING WHAT I KNOW-2

These questions are similar to the ones given in the front of the book. By answering them you can learn if your knowledge about HIV and AIDS has improved. Use another sheet if you cannot keep this book. Again, you are *not* required to answer these questions.

Answer Key: **T** = True **F** = False

1. HIV can be passed to others even if the symptoms of infection are not present.	**T**	**F**
2. An HIV infection can be cured.	**T**	**F**
3. HIV is mainly present in blood, semen, and vaginal fluids.	**T**	**F**
4. Sexual intercourse is the most common way HIV is passed.	**T**	**F**
5. Sharing intravenous drug needles is not a way that HIV is passed.	**T**	**F**
6. Sexual abstinence is the most effective way to avoid HIV.	**T**	**F**
7. Sexual fidelity is not very effective in reducing the chances of HIV infection.	**T**	**F**

8. The condom is very effective for avoiding HIV. **T** **F**

9. Not using intravenous drugs helps one avoid HIV. **T** **F**

10. Methods for avoiding HIV usually do not help avoid other STD. **T** **F**

11. Young people can learn how to resist pressure to engage in risky HIV behaviors. **T** **F**

12. Teenagers must have permission of parents to get counseling or testing. **T** **F**

ANSWERS: The correct answers are given below. Look up any questions you missed using the page numbers listed below.

1. T (p. 14) 2. F (p. 16) 3. T (p. 17) 4. T (p. 17)
5. F (p. 17) 6. T (p. 21) 7. F (p. 22) 8. T (p. 22)
9. T (p. 23) 10. F (p. 23) 11. T (p. 27) 12. F (p. 30)

DISCOVERING WHAT I BELIEVE-2

These statements are the same as the ones in the front of the book. It might be fun to see if your beliefs have changed. Circle the symbol (D, A) for each statement below that is most like what you think. Use another sheet if you cannot keep this book. Your responses will *not* affect your grade. You are *not* required to take this quiz.

Answer Key: **D** = Disagree, **A** = Agree

1. Television and other media are making too big a deal out of AIDS.	**D**	**A**
2. People get infected with HIV because they are being punished for their wrong actions.	**D**	**A**
3. Students with an HIV infection should not be permitted in school.	**D**	**A**
4. Trying to prevent HIV infection is too much trouble.	**D**	**A**
5. Practicing sexual abstinence to avoid HIV infection is taking the AIDS problem too seriously.	**D**	**A**
6. Not using intravenous drugs to avoid HIV infection is over-reacting.	**D**	**A**

7. People with AIDS do not deserve our help and support. **D** **A**

8. It is best to stop being friends with someone having HIV or AIDS. **D** **A**

9. Persons my age are to young to learn about HIV prevention. **D** **A**

10. HIV infection should be a concern for other cities or towns, but not mine. **D** **A**

11. The government – not each person – should have the main role for controlling HIV. **D** **A**

RESULTS

If you circled:

D Your beliefs help control HIV

A You lack an understanding about HIV and AIDS prevention

PRONOUNCING GLOSSARY

acquired immunodeficiency syndrome (uh-CHOIR-d im-YOON-oh-de-FISH-un-see SIN-drome)
A serious illness caused by a virus that damages the body's immune system.

AIDS
The initials for the illness *acquired immunodeficiency syndrome*.

anonymous (uh-NON-uh-mus)
The person's identity is unknown.

antibodies (AN-ti-bah-deez)
Substances in the blood produced by the immune system that help to fight infection.

anus (ANE-us)
The rear opening of the digestive tract, through which bulk wastes (feces) pass out of the body.

bisexual (by-SEK-shoo-ul)
Sexual attraction and interest directed toward both females and males.

blood transfusion
The injection of blood into another person.

casual contact
Being in the same area or near another person but not having sexual contact.

communicable disease (kom-YOON-ik-uh-bul di-ZEEZ)
A disease that can be passed from one person to another.

condom (KON-dom)
A cover used over the penis during sexual activity. Reduces the chances of HIV infection, other STD, and pregnancy. Latex, not natural skin, condoms are best for HIV and other STD prevention.

confidential (KON-fi-DEN-she-ul)
Information is kept private.

diagnosed (die-ag-NOST)
Determining which disease a person has.

heterosexual (HET-eh-row-SEK-shoo-ul)
Sexual attraction and interest directed toward the other sex.

high-risk behavior
Personal actions that increase the likelihood of getting a disease or damaging one's health.

HIV
The initials for *human immunodeficiency virus*.

HIV-antibody test
A blood test that determines if antibodies to HIV are present.

HIV-infected person
A person having HIV.

HIV infection
HIV is in the person's body.

HIV prevention
Actions designed to avoid HIV.

homosexual (HO-muh-SEK-shoo-ul)
Sexual attraction and interest directed toward the same sex.

human immunodeficiency virus (HYOO-men im-YOON-oh-de-FISH-un-see VY-rus)
The name of the virus that causes AIDS. Sometimes called HIV or the AIDS virus.

immune system (im-YOON SIS-tem)
A body system that fights germs that enter the body.

incubation period (in-kew-BAY-shun PEER-ee-ud)
The time period between when a person first becomes infected with a germ and the appearance of disease symptoms.

intravenous drug (in-truh-VEE-nus)
A drug injected by needles into a person's veins.

monogamy (muh-NAHG-uh-mee)
A relationship in which the two people have sex only with each other.

opportunistic disease (OP-poor-tune-IS-tic di-ZEEZ)
A disease or infection acquired by persons whose immune system is weakened or damaged by HIV. A healthy immune system usually can fight off the disease or infection.

peer pressure
Other person of your age trying to influence your behavior. The pressure can be either positive or negative.

penis (PEE-nis)
The male sex organ, through which semen and urine pass.

rectum (REK-tum)
The lowest part of the large intestine.

refusal statement
What is said when a person declares that he or she does not want to do something.

responsible decision
A decision that promotes your well-being or the well-being of others.

semen (SEE-men)
The fluid from the male reproductive system that comes out from the penis during ejaculation.

sexual abstinence (SEK-shoo-ul AB-sta-nence)
Not having sexual intercourse.

sexual code of behavior
The rules used by a person in determining which sexual behaviors he or she will participate in and will avoid.

sexual intercourse (SEK-shoo-ul IN-ter-course)
Sexual union usually involving the penis and the vagina.

sexually transmitted disease
A disease most often passed from person to person during sex.

STD
The initials for sexually transmitted diseases.

symptoms (SIMP-tums)
Evidence of an illness that can be seen or felt.

syringe (suh-RINJ)
A medical instrument used to inject fluids into the body or draw them out.

transmission (trans-MISH-un)
Passing from one person to another person.

vaccine (vak-SEEN)

A liquid given to a person that causes the body to develop an immunity to an infectious disease.

vagina (va-JINE-uh)

The tube that leads from a woman's uterus to the outside of the body. Also called the birth canal. The tube which the penis is in during sexual intercourse.

vaginal fluids (VAJ-eh-nul)

Fluids within the vagina produced by the female reproductive glands.

value (VAL-u)

A principle or standard considered to be desirable or worthwhile.

virus (VY-rus)

A microscopic organism that produces disease.

SUMMARY OF HIV/AIDS FACTS

AIDS is a serious health problem. By the fall of 1991 there were over 5,300 AIDS cases in Canada, with more than 3,200 deaths. Between 30,000 and 35,000 persons in Canada are estimated to be infected with the AIDS virus. The World Health Organization indicated that about 150 countries have reported at least one AIDS case.

HIV INFECTION AND AIDS

AIDS is an end result of being infected with a virus called HIV. HIV weakens the body's immune system, meaning the person may get certain serious illnesses or cancers. Once these develop, the person is classified as having AIDS. Not all HIV-infected persons develop AIDS, but the percentage is high. Most persons with AIDS live less than two years after developing AIDS. HIV can be transmitted soon after a person becomes infected, even if there are no symptoms of HIV infection.

AIDS cases have been found among (1) males who have had sex with other males, (2) males who have had sex with both females and males, (3) intravenous drug users, (4) heterosexual partners (male and female) of persons having HIV, (5) persons receiving blood transfusions or blood products, and (6) children born from infected mothers.

The incubation period for an HIV infection ranges from a few months to 10 years or more. For most of that time, people who are HIV positive will look and be well. There is no medicine available that will kill HIV or cure AIDS. Nor is there an HIV vaccine.

HIV TRANSMISSION

HIV is transmitted by infected blood, semen, and vaginal fluids. HIV is passed by sexual contact and sharing intravenous drug needles/syringes with an infected person. It can also be passed from an infected mother to her unborn or newborn child or during breast-feeding. Both females and males can transmit HIV. The more sex partners a person has the greater the chance of getting HIV. HIV is transmitted by specific behaviors, not just by being homosexual, heterosexual, or bisexual.

HIV is not passed by casual, social, or family contact. One cannot acquire HIV by being near or touching an HIV-infected person or a person with AIDS.

AVOIDING HIV

It is possible to avoid or reduce exposure to HIV and other sexually transmitted diseases by (1) sexual abstinence, (2) mutual monogamy, (3) not sharing blood, semen, or vaginal fluids, (4) condom use, (5) careful partner selection, and (6) limiting the number of sex partners. Also, not using intravenous drugs and sharing their needles and syringes helps avoid HIV.

HIV/AIDS HELP SOURCES

One can keep informed about HIV/AIDS by contacting the health unit, a physician, a health teacher, STD clinic, or community AIDS organization. These sources can also help you locate HIV counseling and testing sites. One could call the AIDS/Sexually Transmitted Disease Information Line 1-800-772-2437. Physicians and STD clinics provide HIV/AIDS counseling and HIV-antibody testing. The counseling and testing are confidential to all persons, including teenagers.

PREPARING YOURSELF TO AVOID AIDS

You may soon – if not already – have to make decisions related to sex and intravenous drug use. There are things you can do now to help prepare yourself to make the most responsible decision: (1) become skillful in health-decision making, (2) learn to resist peer pressure, and (3) develop resources, such as parents, to help you avoid HIV infection.

Sources of HIV/STD Help

Community Sources for HIV/STD Help and Information

Help Telephone Numbers

AIDS/Sexually Transmitted Disease Information Line
1-800-772-2437

Sexually Transmitted Disease Services Education Unit
427-7951 (Edmonton)

Sexually Transmitted Disease Clinics
427-2834 (Edmonton)
743-3232 (Fort McMurray)
297-6562 (Calgary)

AIDS: A Positive Co-ordinated Community Response Society of Jasper
852-5274

AIDS Calgary
228-0155

AIDS Network of Edmonton
429-AIDS (429-2437)

Central Alberta AIDS Network
346-8858 (Red Deer)

Foothills AIDS Awareness Society
938-4911 (High River)

Lethbridge AIDS Connection
328-8186

South Peace AIDS Council
538-3388 (Grande Prairie)

Health Units
Listed in telephone directories

ABOUT THE AUTHOR

Dr. William L. Yarber is a professor of applied health science at Indiana University in Bloomington, Indiana. A former public school health science and biology teacher, Yarber also taught at Purdue University and the University of Minnesota. He has published extensively in scholarly journals in the areas of sexually transmitted disease education and sexuality education. Recent publications include the secondary school curricula, *AIDS What Young Adults Should Know* and *STD: A Guide for Today's Young Adults*.

Professor Yarber has served as consultant on school AIDS education for the World Health Organization Global Program on AIDS and the U.S. Public Health Service's Centers for Disease Control. He has presented papers at numerous national and international conferences and has conducted workshops on AIDS education for school districts and professional organizations in the United States and other countries.

BEST COPY AVAILABLE